

Dear Prof. Reviewr1:

Thank you very much for your kind remarks

Name of journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 17046

1. As regard Q1 correction of the language errors proceeded

2- Q2 The number of physicians 154 is too less: this is true but my University is Assiut university lies in upper Egypt so most of physicians included in the study from assiut city and other near cities. Few physicians from other cites agree to be included as we met them in conferences for HCC and liver diseases in Egypt. Also, very few of the physicians respond to e mail questioner. This explain the small number of physicians included in the study

3- Q 3 recent references are included:

1. Jemal A, Bray F, Center MM, et al. Global cancer statistics. CA Cancer J Clin 2011;61:69–90.CrossRefMedlineWeb of ScienceGoogle Scholar

11. Kuo YH, Lu SN, Chen CL, et al. Hepatocellular carcinoma surveillance and appropriate treatment options improve survival for patients with liver cirrhosis. Eur J Cancer 2010;46:744–51.CrossRefMedlineWeb of ScienceGoogle Scholar

12. Cabibbo G, Maida M, Genco C, et al. Natural history of untreatable hepatocellular carcinoma: a retrospective cohort study. World J Hepatol 2012;4:256–61.CrossRefMedlineGoogle Scholar

13. El-Serag HB. Hepatocellular carcinoma. N Engl J Med 2011; 365:1118–27. CrossRefMedlineWeb of ScienceGoogle Scholar

4- Q 4. The questioner is not enough to improve the diagnosis. I agree with this and so a recommendation will be added to distribute recent guidelines among physicians and /or arrange educational lecturers for those physicians followed by re questioner to detect their progress in gaining recent knowledge about HCC

5- Q 5. Gender added to personal data in table 1

6- Q 6 Delete the following paragraph was done. **The most common HCC risk is liver cirrhosis, carrying a risk between 1% and 8% per year. In fact, more than 80% of HCCs arise in a cirrhotic liver [12]. Based on a theoretical model, the current AASLD Practice Guidelines suggest that screening is indicated when the HCC risk exceeds 1.5% per year [13].**

7- Q7 **Delete the following paragraph was done. Our questionnaire study further shows that most doctors recommend screening of patients with hemochromatosis, as recommended by the AASLD guidelines, defining hereditary hemochromatosis as risk factor for HCC development [26].**

Thank you

Dear Prof. Reviewr2:

Thank you very much for your kind remarks

Actually there is no clear information about guideless in the Management of HCC patients in Egypt. Most of physicians' works in university hospital prefer EASL guidelines. Also, there is Egyptian guidelines but as it is not published in known hepatology journals many physicians not aware by it.

Remaining questions were taken in consideration in the corrected manuscript (as I can)

Thank you

Dear

Kindly attached corrections (yellow shadow) according to chief editor's comments

Many thanks

Sahar Hassany

Ehab Fawzy