Dear Editors.

Thank you for the opportunity to edit our manuscript titled, "African Americans are Less Likely to Receive Curative Treatment for Hepatocellular Carcinoma.

Please find our response to each reviewer's comments.

Review ID 02438768: Comments for ESPS Manuscript NO 40116 This is an interesting study. In this study, a total of 62,604 patients with hepatocellular carcinoma(HCC), consisting of 32,428 Caucasian, 9,726 African American, 988 Hispanic, and 11,462 patients of other races, were analyzed. However, the authors classified patients into White (N=32,428), Black (N=9,726), Hispanic (N=8,988), and Other (N=11,462) in Table 1. The authors should change "White" to "Caucasian ", and change "Black" to "African-American", which can be consistent with Table 2 and Table 3. In addition, as a compound adjective, African American is usually hyphenated as African-American, especially in Table 2 and Table 3. If not, it makes the readers feel that they are two separate names.

-Response: Thank you for your suggestions. We changed Table 1, 2 and 3 to say "Caucasian" instead of "White" and "Black" to "African-American."

Reviewer ID 00053888: This is a well written manuscript addressing a very important issue. The study is very large and retrospective but carries a very important message. This study should be published in its current format.

-Response: Thank you for your encouraging remarks.

Reviewer ID 00051373: This is a medical disparity in the real-world presentation. I also believed that this racial disparity is occurred in African American not only, but also in Asian American in the world. The author reported the racial disparities in the treatment of hepatocellular carcinoma as an example to determine if disparities continued to exist despite emphasis for equality in healthcare. African American patients remain less likely to undergo curative treatment for hepatocellular carcinoma. The current manuscript is well written and organized.

-Response: Thank you for your encouraging remarks.

Review ID 00068723The authors investigated differences of treatment of HCC among races. They found out that African American patients were less likely to receive treatments as compared with other races. The results were interesting, and suggestive of healthcare systems as one of the reasons. Data were reliable because nation-wide survey of HCC was analyzed. The database included a large number of patients. On the other hand, logical flow from the results to the conclusion was not clear. Table 1 showed factors different among the races, such as age, private payer, insurance,

geographic region, and others. These data should be analyzed to explain the disparity of treatment among the races. For example, multivariate analysis would be one of the choices. Stages of HCC might affect the results of the study. Were there any data on the stages? For example, size and numbers of HCC, and liver function. These factors may limit the choice of treatment of HCC.

-Response: Multivariate analysis was performed with specific factors and highlighted in Table 2 and 3. We agree that other factors such as age, payer and region effect the treatment of patients with HCC. These disparities are highlighted in other manuscripts and therefore not emphasized in this manuscript. We agree that size and the number of lesions would affect which treatment options would be available for patients with HCC, however this information is not available through the Nationwide Inpatient Sample. This information is included in the limitations section of the discussion on page 10, paragraph 2.

Reviewer ID 02527494: The manuscript by Sobotka L, et al. entitled, "African Americans Are Less Likely to Receive Curative Treatment for Hepatocellular Carcinoma" suggests that disparities in the treatment of HCC based on patient race still exist despite emphasis to decrease disparities in healthcare. In general, the theme of this article is interesting. However, this study has several major flaws, which are noted below: Major point: 1. The authors adequately stated that "given we are not able to obtain laboratory values, we are unable to determine MELD score, therefore disease severity is defined by features of liver decompensation" in the Discussion section. How then could the authors obtain the data regarding the specific features of liver decompensation, such as jaundice, ascites, or hepatic coma? Please clarify this. In this context, the authors should describe these specific features of liver decompensation, such as jaundice, ascites, or hepatic coma, in Table 1. 2. It would be desirable for the authors to provide a deeper discussion on how we can change or eliminate disparities in the treatment of HCC based on patient race. Minor points 1. In the Methods section (Statistical Analysis), the authors should cite a reference in relation to the Elixhauser comorbidity score. 2. Although the authors classified patients into White, Black, Hispanic, and Other in Table 1, they classified them into African, American, Caucasian, Hispanic, Other, and Unknown in Tables 2, and 3. This is confusing. The authors should unify the description.

-Response: Thank you for your comments and suggestions. Given the NIS does not include laboratory results, we are unable to obtain a patient's MELD score. To determine severity of disease, we included features of liver decompensation including jaundice, ascites, hepatic encephalopathy, etc. These features of decompensation have specific ICD-9 codes that allowed us to search for these characteristics in the NIS. Previous studies have utilized this method to determine disease severity and we

included a citation for this study. We clarified this point on page 6, paragraph 1. We included a deeper discussion in the discussion section about ways to improve racial disparities in the treatment of HCC. This can be found on page 10, paragraph 2. As requested, we included a citation regarding the Elixhauder comorbidity score. We also corrected the tables to unify the description.

We thank the reviewers for their thoughtful comments to improve our manuscript.

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Alice Hinton

Lanla F Conteh