

Ruo-Yu Ma
Science Editor, Editorial Office
Baishideng Publishing Group Inc
March 7th, 2019

Dear Ruo-Yu Ma,

Thank you for reviewing our manuscript (Manuscript 46747) entitled
“Hepatocellular Carcinoma Surveillance: An Evidence Based Approach”.
We would like to resubmit our manuscript for publication as a minireview
article in World Journal Gastroenterology. We thank the reviewers for their
valuable feedback and comments that will strengthen our manuscript.

We have provided a point-by-point response to each of the
reviewer’s comments with relevant changes made to the manuscript. In addition,
per the manuscript guidelines we added the following sections: open access,
copyright, audio core tip and citation.

We hope that our manuscript is now suitable for publication in your journal and
appreciate all the ongoing efforts from you and the reviewers in considering this
manuscript

Sincerely,

Patrick S Harris MD

Division of Internal Medicine, Department of Medicine, University of Alabama
at Birmingham, 1720 2nd Avenue South, BDB 327, Birmingham, AL 35294,
United States

Response to the comments of Reviewer #1 (Reviewer's code: 00032933)

Comments:

1. There is an extensive evidence-based review, well-written and covers most of the fundamental issues in the field of HCC surveillance.
2. Most of the evidence-based conclusions had been well-documented in the guidelines, such as APSAL and AASLD. Such surveillance has been going on in eastern Asia for several decades. The author may strengthen the new concept after this review.
3. One of the issues in identifying high risk group from HBsAg carriers may need further discussion. The author mentioned HBV DNA level as a risk factor in HCC development. HBV DNA assay is quite expensive that is not recommended in most of the HBsAg carriers. Practically, ALT level is cheap and always available in evaluation of liver status. The author may make a discussion about using ALT levels in selection of high risk HBsAg carriers.

Response:

1. We agree with the reviewer and appreciate the feedback.
2. We agree with the reviewer and we added that international guidelines (AASLD, APASL, EASL) largely agree on surveillance guidelines in the introduction.
3. We agree with the reviewer and added that ALT can be used as a marker of liver injury and useful in identifying high-risk HBV carriers for surveillance.

Response to the comments of Reviewer #2 (Reviewer's code: 00503849)

Comments:

1. Introduction (page 3) correction alpha1-antitrypsin deficiency to alpha 1-antitrypsin deficiency alpha-feto-protein to alpha-fetoprotein
2. The abbreviation should be spelled in full in its first appearance in the main text. The descriptions in page 8 (hereditary hemochromatosis (HH), primary

biliary cholangitis (PBC), autoimmune hepatitis (AIH) and alpha-1-antitrypsin deficiency (A1AT)) were not their first appearances in the main text.

Abbreviation of PCP in page 13 should be spelled in full in its first appearance.

Response:

1. We made the spelling corrections as seen in the manuscript text.
2. We made the corrections to abbreviations and ensured it is spelled in full in the first appearance in text.