Criteria-specific long-term survival prediction model for hepatocellular carcinoma patients after liver transplantation

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Replies to review comments (00374038):

We appreciate for your kind recommendation and criticism. Specific to your opinion, we have made modification or elaboration of the manuscript, as follows:

1. We simplified the descriptions of the four criteria and put them in the Introduction section;

2. The study was a retrospective analysis. However, the data were collected timely as follow up by two statisticians and uploaded to China Live Transplant Registry database within 24 hr. The informed content was obtained with other content files before the transplantation, approved by the Research Ethics Committee of Changzheng Hospital, consistent with ethical guidelines of the 1975 Declaration of Helsinki.

3. There were no limitations on age and other factors except for pathological patterns of liver cancer. The age was analysized in univariate and multivariate analysis, without statistically effecting survival.

4. Pre-transplant variables were obtained within 24 hr before the transplantation. Intra-operative variables were obtained at the end of surgery. Post-operative variables were collected whenever they were available and recorded within 24 hr.

5. At the beginning of Results section, We used cumulative survival and recurrence-free survival stating the HCC recurrence. Patients were followed up every 2 mo during the first postoperative year and at least every 3 to 4 mo afterward. All patients were monitored prospectively by serum α-fetoprotein (AFP), abdomen ultrasonography, and chest X-ray every 1 to 6 mo, according to the postoperative time. For patients with test results suggestive of recurrence, computed tomography and/or magnetic resonance imaging were used to verify whether intrahepatic recurrence and/or distal metastasis had occurred. A diagnosis of recurrence was based on typical imaging appearance in computed tomography and/or magnetic resonance imaging scan and an elevated AFP level.

6. We have state the area under the ROC (c-statistic) of the MHCAT predicting efficacy with 95% CI in Results section.

7. We used Kruskal and Wallis test to compare the four ROCs, showing no statistical difference among them.

8. The sensitivity and specifity of the cut-off value have been added in Results section.

9. We have modified and simplified the Discussion section.

10. Specific to the comment on English language, we asked Dr. Jing-Yun Ma, a renowned expert in biomedical editing and publishing, worked as the editorial director and senior editor of *World Journal of Gastroenterology* (1996-2005), for English editing and obtained a language certificate letter.

Thanks again for your professional review and critism. Hope for your further recommendation.

Replies to review comments (00006850):

We appreciate for your kind recommendation and criticism. Specific to your comment on English language, we asked Dr. Jing-Yun Ma, a renowned expert in biomedical editing and publishing, worked as the editorial director and senior editor of *World Journal of Gastroenterology* (1996-2005), for English editing and obtained a language certificate letter.

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