

## ANSWERING REVIEWERS



Dear Editor,

Thank you for your help of processing our manuscript.

According to the comments of the 3<sup>rd</sup> reviewer, changes listed below were made in the re(2<sup>nd</sup>)-revised manuscript. Also, I also put the explanations of the changes in the last (1<sup>st</sup>) revised version for the comments of the 1<sup>st</sup> and 2<sup>nd</sup> reviewers.

Thank you again.

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### COMMENTS of REVIEWER 3

In the article entitled “Recent advances in the surgical treatment of hepatocellular carcinoma”, the authors reviewed the surgical management of patients with hepatocellular carcinoma (HCC) in detail. This is a very nice review on this topic and deserves publication. I have some suggestions to improve the quality of this work. Laparoscopic treatment of HCC is discussed in detail and advantages of this modality is explained. On the other hand there are some limitations, especially regarding the learning curve. The limitations of this modality needs to be discussed.

The important series about resection and transplantation with complications, overall survival and disease-free survival rates can be given as a table to more clearly understand the big picture.

In the non-surgical treatments section I believe that microwave ablation needs to mentioned besides RFA. Similarly the limitations of radioembolization can be discussed.

- 1) Limitations and lerning curve of laparoscopic hepatectomy were described in Page10, last line-Page11, line13.
- 2) Table 4 for the overview of current outcomes of liver resection and liver

transplantation for hepatocellular carcinoma was inserted.

3) Microwave coagulation therapy was mentioned in

Page17, line1-5.

4) Limitations of transarterial radioembolization were described in

Page17, line13-17.

#### COMMENTS of REVIEWER 1

This is a well-written review on surgical treatment of hepatocellular carcinoma. Dr. Morise et al describe the most recent advances in the management of HCC on cirrhosis; they review indications and limits of liver resection, percutaneous treatments and liver transplantation. However, there are few concerns Minor Comments: 1) Both in the session Abstract and Core tip, the Authors write that liver resection “is the most available, efficient treatment for patients with HCC”. However, as the Authors describe later, there are several percutaneous treatments which are very effective in particular when HCC is inferior to 3 cm. Therefore, the Authors should write that “liver resection is one of the most efficient treatment for HCC”. Other modern ablative therapies should be cited as well (stereotactic radiotherapy, Y90) 2) Session Introduction: the 5-year expected survival of 6-70% is a too wide range. Furthermore the reference by Eguchi et al (number 5) regarding the 10-year recurrence-free survival does not seem appropriate. One recent and large series by East-West showed an overall 5-year of 38% even in BCLC-C class HCC, range 38-65% (see Torzilli G, Ann Surg 2013; 257: 929-937) 3) Session “Criteria for Listing Candidates”: references 104 and 106 are not consistent with the sentence; they should be check and revised. Similarly, in the session management on the waiting list, when in the text are reported references 123-125, actually reference 125 is not consistent with the text. 4) Finally, references 85 and 102 by Mazzaferro are the same reference. They should be check, change in the manuscript and number of the reference.

1) The line “is the most available, efficient treatment for patients with HCC” has been changed to “liver resection is one of the most efficient treatment for patients with HCC” in the sections Abstract, Core tip and Introduction. And also comments for other options than surgical treatments (RFA, radioembolization etc) were added in the section of Introduction and also the section of “Other options than surgical treatments” was added.

2) Section Abstract and Introduction: “An expected 5-year survival of 6-70%” has been

changed to “an expected 5 year survival of 38-61% depending on the stage of the disease” and also reference (5) has been changed to “Torzilli G, Ann Surg 2013; 257: 929-937”. Also in table 1 “5 year survival rate after resection is up to 60-70%” has been changed to “5 year survival rate after resection is 38-61%”.

- 3) Section “Criteria for Listing Candidates”: References 104 and 106 have been changed to different articles. Section “Management on the waiting list”: Reference 125 has been changed to different article.
- 4) Reference 102 by Mazzaferro was deleted.
- 5) Numbers of the references have been changed in the manuscript and number of the reference.

#### COMMENTS of REVIEWER 2

This manuscript is about the review of recent advances in the surgical treatment of HCC. There are several weak points in this article. 1. No description of local ablation therapy in the treatment of HCC in this article. In addition to liver resection and liver transplantation, local ablation plays an important role in HCC treatment, either alone (laparoscopically) or combined with surgical approaches. 2. The references should be rechecked and revised carefully, some are not consistent with the description, some are duplicated.

- 1) Comments for other options than surgical treatments (RFA, radioembolization etc) were added in the section of Introduction and also the section of “Other options than surgical treatments” was added.
- 2) Section “Criteria for Listing Candidates”: References 104 and 106 have been changed to different articles. Section “Management on the waiting list”: Reference 125 has been changed to different article. Reference 102 by Mazzaferro was deleted. Numbers of the references have been changed in the manuscript and number of the reference.