

ANSWERING REVIEWERS



May 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: Oishi_Manuscript.docx).

Title: Safety of hepatectomy for elderly patients with hepatocellular carcinoma

Author: Koichi Oishi, Toshiyuki Itamoto, Toshihiko Kohashi, Yasuhiro Matsugu, Hideki Nakahara, Mikiya Kitamoto

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10089

The manuscript has been improved according to the suggestions of the reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewers.

Replies to reviewer #00057695

The comments from the reviewer have been helpful in allowing us to revise our manuscript. We have attempted to address all of the questions.

We have added two studies by Wang et al and Taniai N et al to the references, Table 3, and Table 4.

(1) In accordance with your comment, we have corrected meticulous to meticulously, and the last sentence of the abstract has been rephrased.

(2) We have added the following sentence to Definition of elderly: At present, a definition of elderly as 75 years of age and older is appropriate. However, due to the advance to a more aged society in the near future, a definition of elderly as 80 years of age and older will become appropriate.

(3) We made a mistake. We have corrected "are teaching hospital status" to "and teaching hospital status".

(4) We have added the following sentence to page 17: It is possible that remnant liver regeneration immediately after major hepatectomy in elderly patients is impaired

(5) We have added reference numbers to the manuscript.

(6) We have used the Endnote. The Vancouver Style is included with the Endnote program. The name of the journal conforms to the journal style of World Journal of Gastroenterology in the Endnote. References were corrected

Replies to reviewer #00041966

The comments from the reviewer have been helpful in allowing us to revise our manuscript. We have attempted to address all of the questions.

(1) In accordance with your suggestion, we have added APACHE II to Table 1 and remade a more detailed table for scoring systems in Table 2. Study design for each scoring system is cohort study.

(2) We have added the following sentences to the General surgical risk model in hepatectomy section: The prevalence of HCC in a series of elderly patients undergoing hepatectomy ranged from 22.7 to 46.7%. We have added the following sentences to the Short-term outcome section: Meanwhile, the mortality and morbidity rates after hepatectomy in elderly patients with colorectal liver metastasis (CLM) are from 0 to 8% and from 14.2 to 52.5%, respectively. Those rates in elderly patients with CLM are not different from those in elderly patients with HCC. In addition, we have added the following sentences to the Long-term outcome section: Meanwhile, overall survival rates at 5 years in elderly patients with CLM are 16 to 38%. The outcomes for elderly patients undergoing hepatectomy for HCC are better than those for elderly patients undergoing hepatectomy for CLM.

(3) Regarding total bilirubin, prothrombin, AST and ALT, which are associated with liver function, there are many missing values in the literature. There is no difference in hepatic functional reserve between elderly and young patients.

(4) Indeed, a few studies have shown that HCC in elderly patients was less aggressive. However, it is possible that patients with less aggressive disease were selected in the clinical setting. We support the idea that elderly patients with less aggressive HCC are candidates for surgery.

(5) Elderly patients were well selected, and there are many elderly patients who could not undergo hepatectomy. Accordingly, both short-term outcome and long-term outcome in elderly patients who could undergo hepatectomy might be comparable to those in younger patients. We have already commented on this on page 19.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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