

## Format for ANSWERING REVIEWERS



March 23, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9750-Revised-MS.doc).

**Title:** Appropriate treatment strategies improve survival of hepatocellular carcinoma <10 cm with PVTT

**Author:** Ye JZ, Ye HH, Bai T, Ma L, Xiang BD, Li LQ

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 9750

The manuscript has been improved according to the suggestions of reviewers and editors (**comments are highlighted in blue, and revisions are highlighted in red**), many thanks for your careful review and kind suggestions!

1、 Please clarify the “Columns” of your manuscript according to the “ESPS-Columns scope note”.

**Revision: Columns: Retrospective Study**

2、 Title should be less than 12 words

**Revision: Appropriate treatment strategies improve survival of hepatocellular carcinoma <10 cm with PVTT**

3、 A short running title of less than 6 words should be provided

**Revision: Treatments for HCC with PVTT**

4、 The format of this section should be like this...

**Revision:**

Ye JZ<sup>1</sup>, Ye HH<sup>2</sup>, Bai T<sup>1</sup>, Ma L<sup>1</sup>, Xiang BD<sup>1</sup>, Li LQ<sup>1</sup>

Author contributions:

Ye JZ and Ye HH contributed equally to this work; Ye JZ, Ye HH, Bai T, Ma L, Xiang BD and Li LQ designed research and performed research; Ye JZ and Bai T contributed new reagents/analytic tools; Ma L and Xiang BD analyzed data; Ye JZ wrote the paper.

5、 Core tip: (Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.)

**Revision:**

Hepatocellular carcinoma (HCC) with portal vein tumor thrombosis (PVTT) is generally considered to be related to or is an absolute contraindication to hepatic resection or adjuvant chemotherapeutic methods such as transarterial chemoembolization (TACE). Only conservative and palliative treatments are available. However, many experts have indicated that surgery or TACE prolongs survival and lowers recurrence compared with palliative treatments. Thus, treatments of HCC with PVTT remain controversial. Our study explored appropriate treatment strategies and identified prognostic factors by comparing the survival periods and rates for HCC–PVTT patients among 4 kinds of treatments.

6、 Comments ...

**Revision:**

***Background***

Hepatocellular carcinoma (HCC) with portal vein tumor thrombosis (PVTT) is generally considered to be related or is an absolute contraindication to hepatic resection or adjuvant chemotherapeutic methods such as transarterial chemoembolization (TACE). Only conservative and palliative treatments are available. However, many experts have indicated that surgery or TACE prolongs survival and lowers recurrence rates compared with palliative treatments. Thus, treatment of patients with HCC–PVTT remains controversial. Our study aimed to explore appropriate treatment strategies for HCC with PVTT and identify the prognostic factors by comparing survival periods and rates for HCC–PVTT patients after 4 kinds of treatments.

***Research frontiers***

To compare and evaluate the efficacy of different treatments for HCC <10 cm with PVTT. Our study indicates that surgery is the only eradicated treatment. TACE led to better survival than palliative treatments.

***Innovations and breakthroughs***

Our study indicates surgery is still the only eradicated treatment. TACE achieved better survival than palliative treatments.

***Applications***

Our study indicates that surgery or TACE results in better survival than palliative treatments. This result offers treatment choices for clinical surgeons to treat HCC <10 cm in PVTT patients.

***Terminology***

**Liver resection**

Liver resection includes left hemihepatectomy, right hemihepatectomy, left partial hepatectomy,

right partial hepatectomy, partial median hepatectomy, complete caudate lobe resection, and extended left lateral segmentectomy. PVTT and extrahepatic bile conduct tumor thrombi were removed in patients who underwent eradicated hepatectomy.

## **TACE**

The indications for adjuvant or postoperative TACE in patients were based on tumor location, tumor number, absence of ascites, and total bilirubin level <3 mg/dL. TACE was performed after diagnostic hepatic angiography. Contrast medium was injected into the arteries via a 4.1-French RC1 catheter, which was introduced into the abdominal aorta via the right superficial femoral artery using the Seldinger technique. Afterward, the number, locations, tumor size, and arterial branches supplying the tumors were identified. Iodized oil (10–20 mL), gelfoam particles with doxorubicin (30–50 mg), and cis-platinum (50–100 mg) were injected into the arterial branches. After 1 month, follow-up computed tomography was performed to determine the effects of TACE. Based on liver function and tumor shrinkage, TACE was repeated in the TACE group as well as in the surgical resection combined with postoperative adjuvant chemotherapy group at 1-month intervals. The number of TACE cycles varied from 1 to 7.

## **Peer review**

Ye et al. described that appropriate treatment strategies improved survival of hepatocellular carcinoma patients with portal vein tumor thrombus and tumors no larger than 10 cm. Number of patients was 338 with Vp3, therefore, number was enough for statistical analysis.

## **7. References**

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8. Ye et al., described that appropriate treatment strategies improved survival of hepatocellular carcinoma patients with portal vein tumor thrombus and tumors no larger than 10 cm. Number of patients was 338 with Vp3, therefore, number was enough for statistical analysis. Comments: Description of the multivariate analysis was so poor and the purpose and how to analyse the data were not understood in this paper. Therefore, the interpretation of the results in discussion part was not theoretical. Authors should make more deep discussion. In the paragraph of TACE reference No 10 was not suitable. English should be more brushed up. Especially the results were sometimes repeated in discussion part.

**Revision:**

The statistical method has been clarified to make the analysis of the data could be repeated, by the statement in the statistic part, the multivariate analysis was named as Cox multivariate regression analysis, which used much more popular in magazines. At the same time, the first author's name was not suitable of No 10 reference and was corrected in the revised manuscript. The copy of the results in discussion part has been deleted in order to make all the content in discussion part focus on analysis of the results.

9、 Other revisions:

Except for above revisions according to comments from the reviews and editors, the manuscript has been edited and proofed by a professional English editing program (the certificate has been presented here). We hope that the revised manuscript can be published in the Journal, and many thanks for your continued attention!

Sincerely yours,

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