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Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10052-review.doc).

**Title: Conventional transarterial chemoembolization versus microspheres embolization in hepatocellular carcinoma: A meta-analysis**

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

**1. The questions of reviewer 1:** "#1 Why were yttrium-90 microspheres treatment and drug-eluting beads embolization combined to perform the meta-analysis. Which is much better in treatment of HCC, yttrium-90 microspheres, drug-eluting beads embolization and conventional c-TACE ? #2 What is the explanation for no significant effects on partial response in Fig.3B, even though microsphere embolization revealed the significant effects on complete response of HCC in Fig.3A?"

**Responses:** Both of yttrium-90(Y90) microspheres and drug-eluting beads(DEBs) embolization have been widely used as microsphere embolization treatments for treatment of HCC. Additionally, Y90 and DEB are the most often used materials in microsphere embolization treatments. In this meta-analysis, what we emphasize is to compare microspheres embolization with conventional TACE in HCC. Hence, we considered both Y90 and DEB embolization as microspheres embolization and to compare comprehensively the effectiveness and safety of microspheres embolization with those of c-TACE, and to help stratify the benefits of treatment choices for patients with HCC. From a part of previous reports and our analysis, we can see that microsphere embolization with Y90 or DEB is superior to c-TACE in HCC. But, to the best of our knowledge, there was no study designed to compare Y90 embolization with DEB embolization in HCC. As a short-term result, there may be no significant difference in tumor partial response rates between patients who underwent microspheres embolization and c-TACE. As we all know that both microspheres embolization and c-TACE have obvious short-term clinical

effectiveness for treatment of HCC. However, due to the insufficient long-term outcome of c-TACE treatment, the complete tumor response rates of patients who underwent c-TACE were lower than those of patients who treated with microspheres embolization. That is why "there was no significant effects on partial response in Fig.3B, even though microsphere embolization revealed the significant effects on complete response of HCC in Fig.3A".

**2. The questions of reviewer 2:** "Drug eluting beads (DEB) belong to chemotherapy, and Yttrium-90 belong to radiation therapy. These two treatments are fundamentally different. So maybe it is unfit to combine these two treatments to perform the meta-analysis."

**Responses:** Although, Y90 embolization and DEB embolization are functionally different, both of Y90 microspheres and DEBs embolization have been widely used as microsphere embolization treatments for treatment of HCC. Additionally, Y90 and DEB are the most often used materials in microsphere embolization treatments. In this meta-analysis, what we emphasize is to compare microspheres embolization with conventional TACE in HCC. Hence, we considered both Y90 and DEB embolization as microspheres embolization and to compare comprehensively the effectiveness and safety of microspheres embolization with those of c-TACE, and to help stratify the benefits of treatment choices for patients with HCC. To review some previous meta-analysis, the methods of study design were similar as ours. So, we confirm that it is suitable to compare microspheres(Y90 or DEB) embolization with c-TACE in the treatment of patients with HCC.

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

Sincerely yours,

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