

Dear editor

Thank you very much for your comments and suggestions.

We have revised the manuscript according to the comments and suggestion of reviewers and editors, and responded point by point to the comments as listed below.

We would like to re-submit this revised manuscript to World Journal of Gastroenterology Surgery and hope it is acceptable for publication in the journal.

Replies to Reviewer #1

This study represents a promising therapy option but only for a very selected patient collective. Advanced HCC with vascular invasion is mostly associated with liver cirrhosis, in which major resection is contraindicated. So this patient was lucky to be young, in a cardiovascular excellent condition and without cirrhosis. We can add this interdisciplinary approach to some selected cases in the future of treating advanced HCC. However there is one additional therapeutic option that can be considered which would be TARE (Transarterial radioembolization) known to treat advanced HCC with vascular invasion such as portal vein tumor thrombosis. I would suggest to include publications comparing TARE to TACE and or systemic therapy. Because in unfit patient surgery and thrombectomy is not an option and TARE should be discussed equally or superior to the alternative treatments offered in this report. In summary the manuscript should be revised and resubmitted including a comparison to TARE as to the alternatives mentioned in the discussion.

Replies:

Thanks for the positive and constructive comments and suggestions. This topic in the research of HCC is relatively rare. The treatment for HCC patients with vascular invasion is still in controversial and under debate. The treatment guidelines of the western and the eastern countries for these patients showed different treatment suggestions. TARE as a newly approved treatment for patients with HCC has played a very important role especially in HCC patients with portal vein invasion. Some retrospective study has been reported for comparison between TARE and traditional TACE or systematic treatment. But until now, still no well designed clinical trial has been reported for TARE treatment in advanced HCC. As we have discussed before, the prognosis for HCC with tumor thrombus in vessel varied based on the extension and location in the vessel. The HCC patients with tumor thrombus in hepatic vein system might have very different prognosis with HCC patients with HCC patients in portal vein system. As we have checked, the studies focused on the TARE treatment for HCC patients with tumor thrombus in hepatic vein or inferior vena cava was very rare. So more well clinical trial might be urgent needed. Thanks for the positive and constructive comments and suggestions and we have included a part of discussion about TARE or systemic treatment.

Best regards

Yours Sincerely

Zhang Wei