

Format for ANSWERING REVIEWERS



December 31, 2013,

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7811-review.doc).

Title: Liver resection in hepatitis B related hepatocellular carcinoma: clinical outcomes and safety in elderly patients

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7811

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) **Comment:** The design of the study should be better defined.

Response: The design of our study was a retrospective cohort and we have clarified the design and inclusion criteria in the methods section, abstract section and discussion section.

(2) **Comment:** describe the grade of fibrosis or cirrhosis

Response: We describe the grade of fibrosis or cirrhosis in our cohort. But only 713 patients had information of Ishak score and there was no significant differences in the rate of cirrhosis (Ishak score \geq 5) between the elderly and younger groups($P=0.404$).We describe the information in the article.

(3) **Comment:** It is not clear why there was more hepatic insufficiency in younger group.

Response: Through our analysis, the hepatic insufficiency did occur more in younger group. The reasons have been discussed in our article. They were (1)the positive rate for HBsAg, HBeAg and HBV DNA were significantly lower in the elderly group, this meant the younger patients had worse underlying liver damage resulting from HBV infection.(2) It may because elderly patients were highly selected for liver resection based on assessment of hepatic reserve in our center.

(4)**Comment:** Overall survival and disease free survival

Response: Our aim was to evaluate the perioperative safety of liver resection for elderly patients, so we did not discuss the overall survival and disease free survival in our study. Because elderly patients had more comorbidity and poor tolerance for operation, so the safety is the primary concern.

(5) **Comment:** Grammatical mistakes

Response: We have checked and corrected the mistake according to the reviewers' comment and suggestion.

(6) **Comment:** Graphical display of the table is uncomfortable and confused,

Response: We have redesigned the table under the help of a biostatistician. In addition, more information was added to the p value with accurate expression of the statistical differences with the biostatistician's suggestion. All alterations are marked in red in the revised version of the manuscript.

(7) **Comment:** At least two occasions, you have used the exact words of other researchers"

Response: We have rectified the expression of the sentence and added necessary quote.

(8) **Comment:** ASA grade is reported in the results, but it is not reported in the Methods section.

Response: ASA grade was reported by us in the revised version of the manuscript.

(9) **Comment:**In the phrase "However, the elderly patients had a higher mortality than younger group with the mortality of 1.2% (P=0.035)" should be clearer adding also the mortality of the elderly patients.

Response: We have clearly described the mortality of elderly patients and younger patients in the revised version.

(10) The title has been revised as Liver resection in hepatitis B related hepatocellular carcinoma: clinical outcomes and safety in elderly patients” according to the reviewer’s suggestion.

(11) Two of the reviewers have revised the grammatical mistakes. The language of my manuscript has reached Grade A and would like to sign a guarantee and we choose not to have our manuscript edited by the English language editing companies. However, if you find that the language of my manuscript has not reached Grade A, please feel free to contact us.

3 References and typesetting were corrected

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

Sincerely yours,

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