

October, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5120-review.doc)

Title: Efficacy of neoadjuvant therapy and surgical rescue for locally advanced hepatoblastomas: 10 years single-center experience

Authors: Ayllon MD, Beltran O, Ciria R, Mateos E, Peña MJ, Luque A, Lopez-Cillero P, Briceño J.

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5120

According to the suggestions from all editors and reviewers, the whole manuscript has substantially been modified.

1. The full manuscript and figures have been formatted to meet the publication guidelines of "**World Journal of Gastroenterology**".
2. Thanks to the extensive review performed after the recommendations from reviewers, the quality of this manuscript has significantly improved.

(1) Review 1:

Comments to the Author: The authors reported an article entitled "EFFICACY OF NEOADJUVANT THERAPY AND SURGICAL RESCUE FOR LOCALLY ADVANCED HEPATOBLASTOMAS: 10 YEARS SINGLE-CENTER EXPERIENCE AND LITERATURE REVIEW." Is it a case report or a review of literature? The conjunction "AND" in the title is not indicated!!! Conclusions cannot be supported by the design of this study. Introduction section-line 5: "Most of the Hbl are asymptomatic and in advanced stage at the moment of diagnosis" How many? these assertion needs justification by reference. The aim of this study is vague "we attempt to report our excellent experience with long-term outcomes of Hbl after a multimodal management therapy and a review of current literature.". What did the authors mean by excellent experience??? "PRETEXT staging at diagnosis was as follows: Stage I 57.1% (n=4), Stage II 28.5% (n=2) and Stage III 14.4% (n=1)." there is no place for percentages. Discussion section-line6:"Our series is an excellent example of how multimodal management," it is an emotional assertion, it should be avoided.

Answer: Thank you very much for your suggestions. Certainly, our manuscript reflects our single-center experience and a review of the literature. Considering a Pubmed search strategy with the following terms: (experience [Title] OR single [Title] AND literature [Title] OR review [Title]), 324 and 328 manuscripts in 2012 and 2013, respectively can be found. We do consider these terms are fully accepted in a title. We agree with your suggestion of supporting information by reference, so we have added

more data and references to the assertions included in the Introduction section. Also, the aim of our study now is more convincing. According to your comments, the percentages were suppressed in order to express patients belonging to each stages, as indeed our sample size is small. Moreover, we have tried to avoid emotional assertion and to be more objective when writing our conclusions; which are in accordance with literature.

Review 2:

Comments to Author: The introduction section contains several paragraphs with little descriptions of the efficacy of neoadjuvant chemotherapy for Hbl. Moreover, the authors didn't express clearly their contribution, the problem and specially their confirmation. 2. In the "therapeutic approach to locally advanced hepatoblastoma", the authors did not show clearly why seven patients received different neoadjuvant chemotherapy. 3. According to the review of current literature (Table 2), this study has fewer cases of patients with neoadjuvant chemotherapy. How could the authors explain this? The authors should show more credibility in accordance with results.

Answer: Thank you very much for your comments. 1. A more detailed introduction regarding to neoadjuvant chemotherapy and its benefit for locally advanced Hepatoblastomas has been added. 2. This is an interesting question. Certainly, homogeneity in our series is not absolute but chemotherapy-regimenes are SIOPEL-stage based. Truly, two out of seven patients did not receive neoadjuvant chemotherapy because of their resectable stage at diagnosis. In this sense, our patients have received platinum-based chemotherapy. Despite their stage, patients that received PLA+DO in a pre-surgical stage had both big tumor size or a tumor location that would have needed an extended hepatectomy. That is why two patients received a more aggressive chemotherapy. This explanation has been included in the discussion section. 3. Thank you very much for your suggestion. Worldwide series are few. Certainly, our experience is not wide and this limitation is included in the discussion section. We only hope that our experience and the attached review may improve current knowledge about hepatoblastomas.

3. References were corrected and PMID and DOI were added.

We would like our revised manuscript to be re-considered for publication in "World Journal of Gastroenterology".

Yours sincerely,

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