

October 16, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6087-review.doc).

**Title:** Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival

**Authors:** Luciana Kikuchi, Marcos Menezes, Aline L Chagas, Claudia M Tani, Regiane SSM Alencar, Marcio A Diniz, Venâncio AF Alves, Luiz Augusto Carneiro D'Albuquerque, Flair José Carrilho

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

**ESPS Manuscript NO:** 6087

We appreciate the opportunity to revise our manuscript, entitled "**Percutaneous radiofrequency ablation for early hepatocellular carcinoma: risk factors for survival**," for further consideration for publication in the *World Journal of Gastroenterology*.

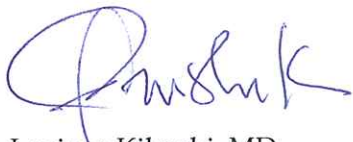
The manuscript has been improved according to the suggestions of reviewers, as detailed below:

- 1- Portal hypertension: Most patients had portal hypertension ( $n = 27$ ) and it did not influence the analysis of overall survival following RFA in our study (data included in Table 1);
- 2- MELD cutoff point: In our cohort, the MELD score cutoff point of 8 was not a factor that influenced the overall survival analysis;
- 3- HCV viral load: The etiology of liver disease was hepatitis C virus in 24 of the study patients (70%). Two patients (8%) presented with negative viral load at time of HCC diagnosis. Due to small sample size and the short period of follow-up, differences in disease-free survival could not be determined for this sub-group of patients;
- 4- The patients who died following RFA had deteriorated liver function. The majority of deaths were attributed to liver failure, and the patients showed no signs of tumor progression. However, the patients who died from tumor progression also showed worsening of liver function. This information was added to the Results section;
- 5- Small sample size is a limitation of this study and has been commented on in the Discussion section;
- 6- Short follow-up period is another limitation of this study, but we believe that this short follow-up period was important to refine our selection criteria for future patients;
- 7- The title of Table 1 was corrected to 34 patients;
- 8- Language revision was carried out by a professional science and medical editing company, *AmEditor Inc.*

We would also like to take the opportunity to thank the reviewers for their contribution, since we believe that the changes introduced in response to their suggestions have strengthened our study's findings and improved its presentation.

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

Sincerely yours,



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