December 10, 2014

Dear Editor,

Thank you very much for your letter of December 4, 2014, along with the reviewers' comments. We would like to take this opportunity to thank the reviewers for their excellent evaluation of our manuscript and their valuable comments. We have discussed extensively the questions that were raised by the reviewers, and these have been carefully answered point-by-point in the following paragraphs. The revised manuscript has been improved according to the suggestions of editor. Format has been updated accordingly to meet the standards and format of World Journal of Gastroenterology. Please find enclosed the edited manuscript in Word format (file name: revised maniuscrpt.doc).

Title: Radiofrequency ablation for single hepatocellular carcinoma 3 cm or less as first-line treatment

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Answers to the reviewer # 1

The authors used data of 4 institutions to evaluate long-term outcomes of radiofrequency (RF) ablation as first-line therapy for single hepatocellular carcinoma (HCC) < 3 cm and determine survival prognostic factors. Generally the manuscript was informative and well-written. It would be better to describe in detail the difference between selection criteria of percutaneous and laparoscopic approach according to tumor location by Cuinaud segmentation of liver.

Answer: Tumor location by Cuinaud segmentation of liver was added in the Table 2 in the revised manuscript. However, we did not think it is feasible to determine the selection criteria of percutaneous and laparoscopic approach according to tumor location by Cuinaud segmentation of liver. Because the HCC we treated was small, tumors in the same segment were treated by different approaches of RF ablation

according to exact situation of the tumor, superficially or in the liver parenchyma.

Answers to the reviewer # 2

1. When comparing the OS, multivariate analysis did not include the type of treatment (table 2).

Answer: The multivariate analysis added the type of treatment (table 2) in the revised manuscript and the data were redone statistically.

2. The anatomical location of the tumor should play a major role in choosing surgical resection or RFA. This is mentioned but not showed in the data (e.g. tumor with 3 cm located close to IVC or HV that will demand a major resection maybe should be treated with RFA?)

Answer: The anatomical location of the tumor was added in the Table 2 in the revised manuscript.

Hepatectomy for the HCC located close to IVC or HV is more technically demanding than that for HCC in other sites. Resection of the HCC located close to IVC or HV was usually associated with greater operative times and more blood loss, and lesser negative tumor margins. In terms of safety, HCC located close to IVC or HV is not a contraindication for RFA. However, there was a high incidence of local recurrence. From our experience, use of the internally cooled cluster electrode would increase efficacy of HCC located close to IVC or HV. One advantage of internally cooled electrodes, such as Cool-tip, is that they keep a steady high temperature in the tumor while limiting vascular cooling. This characteristic increases the effectiveness of perivascular ablation. This content was added in the DISCUSSION section of the revised manuscript.

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

Sincerely yours,

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