

## ANSWERING REVIEWERS

March 26, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 16869-Revision.doc).

**Title:** The efficiency and safety of radiofrequency-assisted hepatectomy for HCC with cirrhosis—a single-center retrospective cohort study

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

**ESPS Manuscript NO:** 16869

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) Why pringle maneuver was not used in the RF+ group, whereas used in RF- group ? These two groups are not comparable for usage of RF in hepatectomy.**

Reply: For this problem, I would like to explain it to reviewer.

Firstly, we used the HabibTM 4X bipolar radiofrequency device during the hepatectomy procedure in the RF+ group. It was to reduce the pringle maneuver for preventing ischemia-reperfusion injury of the remnant liver tissue, and Habib et al. had reported on the technique for radiofrequency-assisted liver resection (RF-LR) and rarely used the pringle maneuver [1,2].

Secondly, we had reviewed some clinical researches about RF-LR for hepatocellular carcinoma (HCC) with cirrhosis, without using pringle maneuver [3,4]. As our patients were all cirrhotic HCC, we never applied pringle maneuver. However, it was recommended that pringle maneuver could reduce blood loss by using the Clamp-Crush for hepatectomy in the RF- group. Therefore, it was meet the clinical requirements to apply pringle maneuver in RF- group.

Lastly, our research methods were basically the same as Li et al.'s study [4] that was a randomized clinical trial. Hence, the two groups was comparable.

**(2) Because median ALT was not different in the RF+ group and RF- group on POD3, AST should also be assessed.**

Reply: We added the AST to assess the postoperative liver function.

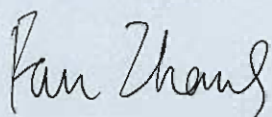
We found that the median AST was significantly higher in the RF+ group on the postoperative day 1 (POD: 268 vs. 245.5,  $P=0.00$ ), but there was no significant difference on postoperative days 3 and 5 (POD3: 125 vs. 129.5,  $P=0.65$ ; POD5: 50 vs. 52.5,  $P=0.10$ ). Meanwhile, we had discussed the trend of AST, accompanying with ALT.

All the supplementary results and changing contents were highlighted by yellow color

line.

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

Sincerely yours,



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2. Pai M, Frampton AE, Mikhail S, Resende V, Kornasiewicz O, Spalding DR, Jiao LR, Habib NA. Radiofrequency assisted liver resection: Analysis of 604 consecutive cases. *Ejso* 2012; **38**(3): 274-280 [PMID: WOS:000301013500013 DOI: 10.1016/j.ejso.2011.12.006]
3. Curro G, Jiao L, Scisca C, Baccarani U, Mucciardi M, Habib N, Navarra G. Radiofrequency-Assisted Liver Resection in Cirrhotic Patients With Hepatocellular Carcinoma. *Journal of Surgical Oncology* 2008; **98**(6): 407-410 [PMID: WOS:000260850900004 DOI: 10.1002/jso.21129]
4. Li M, Zhang W, Li Y, Li P, Li J, Gong J, Chen Y. Radiofrequency-Assisted Versus Clamp-Crushing Parenchyma Transection in Cirrhotic Patients with Hepatocellular Carcinoma: A Randomized Clinical Trial. *Digestive Diseases and Sciences* 2013; **58**(3): 835-840 [PMID: WOS:000317076700035 DOI: 10.1007/s10620-012-2394-y]