

Dear Editor,

Thank You for Your comments and suggestions about our paper .

Please find attached a copy of the **ESPS Manuscript NO: 30562 revised according with the comments from your Editorial office and suggestions of the three reviewers . The changes are highlighted in red.**

In particular, the following changes were made :

1. The authors departments were specified
2. The authors contributions were specified
3. The ethic approval document(s)/letter have been provided and each statement have been reported in the manuscript
4. The file of informed consent has been provided and the statement is mentioned as a footnote in the manuscript text
5. We specified that No conflict of interest is present
6. Data sharing statement has been added
7. biostatistical statement is not applicable
8. correct Telephone number have been reported
9. We added a complete Core Tip
10. We reformatted the references
11. We completed the comments section
12. We added PubMed citation numbers and DOI citation to the reference list and list all authors in the references

Answer letter to Reviewer 03538934

Dear Reviewer of WJG,

Thank You for Your comments and suggestions about our paper . We changed many parts of the manuscripts (major revision) according with Your suggestions .

1.We specified that a pre-treatment and post treatment biopsy have been scheduled in order to assess the tumor and peritumoral changes due to ECT. In our opinion, in a feasibility study, this information seems to be important to assess the efficacy of ECT on tumor tissue and the absence of damage on peritumoral structures. Biopsies could prove this two potential effects of ECT. Several specimens in post – treatment biopsy, actually proved the efficacy of ECT on the tumor and absence of damage of portal vein wall and periportal structures. Of course, in a clinical study with larger series of patients or in routine clinical practice, pretreatment biopsy could be rarely indicated and post-treatment biopsy should never be performed .

2. We reported in the text (M&M) the number of patients with PVTT observed and the selection criteria to assess the eligibility to ECT.We added a Table with a flow chart showing these data . We also added a Table with patients baseline characteristics

3. We added several periods in the text to explain how, when and where the patients have been treated with Sorafenib and reasons for withdrawal of the drug.

4. In the conclusions section, we emphasized the risks of the ECT procedure .

5. we reviewed and corrected the wrong language expressions indicated

Aswers to Reviewer 03269732

Dear reviewer, thank You for appreciation of our work. We appreciate Your suggestions.

Actually, we added a Table with patients baseline characteristics (AST/ALT, albumin, bilirubin, prothrombin time activity, serum creatinine, and routine blood count etc)

Aswers to Reviewer 03012806

Dear reviewer, thank You for appreciation of our work. We appreciate Your suggestions.

We reported, in the introduction and in the discussion sections, the principles of electroporation, both irreversible (IRE) and reversible (ECT) . Actually we have some positive experiences with IRE in the treatment of cholangiocarcinoma and in pancreatic carcinoma and these data will be material for next manuscripts. However we used ECT to treat PVTT and in my knowledge, there is no report about the treatment of PVTT with IRE. For these reasons we did not discuss any comparison between ECT and IRE in the treatment of PVTT.

