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THERAPEUTIC STRATEGIES FOR POST-TRANSPLANT RECURRENCE OF HEPATOCELLULAR CARCINOMA

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Point-by-point answer to the reviewer

Reviewer #1

This article reviewed the best predictors of outcome for post-LT recurrence of HCC and the current evidences on systemic or locoregional treatments for such an recurrence. It was well written based on through review of previous studies and considered as high quality and important mini-review. Thank you for your effort

Re: We thank the Reviewer for the positive evaluation of our work.

Reviewer #2

The authors have reviewed the current evidence on therapeutic strategies for patients with HCC recurrence after LT. The authors write the manuscript very well. However, there are a few areas where additional information would enhance the manuscript. 1. Abbreviations should be spelled out on first use in both the abstract and main text and then used consistently after that. 2. In the "Introduction" section, the author mentioned liver transplantation in the HCC patients who were beyond the Milan Criteria. It would be more impressive if the author provided data on the comparison of HCC recurrence after liver transplantation between patients who are within the Milan Criteria and those who are beyond the Milan Criteria. 3. In the "post-transplant surveillance" section, to enhance the readiness of the readers, the author should provide the reference of the sentence "For what regards imaging modality, cross sectional imaging of the abdomen (with either multiphase CT or MRI) and non contrast lung CT scan allow to detect the most frequent sites of recurrent HCC"

Re: We thank the Reviewer for the positive evaluation of our work. We sought to revise the manuscript according to his/her suggestions, in particular:

1. All abbreviations have been arranged as required, both in the abstract, in the main text and in table.1.

2. Based on reviewer suggestions the sentence has been modified as follows “*The so called Milan criteria (MC) were subsequently validated by many other groups reporting 5-year survival rates of 70% or more, and became the benchmark for selecting patients with HCC for LT. Pooled recurrence rates have been reported to be around 8% for patients within MC vs. 28% for patients beyond these criteria, according to a recent meta-analysis^[8]”.*

3. The missing references to the sentence in “post-transplant surveillance” section has been added. In particulare, these are:

21 Aggarwal A, Te HS, Verna EC, Desai AP. A National Survey of Hepatocellular Carcinoma Surveillance Practices Following Liver Transplantation. *Transplant direct* 2020;7 [PMID: 33324743 DOI: 10.1097/TXD.0000000000001086]

22 Berenguer M, Burra P, Ghobrial M, Hibi T, Metselaar H, Sapisochin G, Bhoori S, Kwan Man N, Mas V, Ohira M, Sangro B, Van Der Laan LJW. Posttransplant Management of Recipients Undergoing Liver Transplantation for Hepatocellular Carcinoma. Working Group Report From the ILTS Transplant Oncology Consensus Conference. *Transplantation* 2020;104:1143–9 [PMID: 32217940 DOI: 10.1097/TP.0000000000003196]