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Answers to reviewers

No. 522339

1. Thank you for your nice comment. In our center, living donor liver transplantation take over 90% in whole liver transplantation. Furthermore, major patients have hepatocellular carcinoma. Actually, MELD score is not important in our setting. However, we don't know why the patients within NCCK criteria had higher MELD score than those beyond NCCK criteria. The point is that the difference is not so much, and also low score.

No. 2441422

1. Thank you for your comment of English proofreading. We changed all you commented.
2. Thank you for keen comment for idea to increase sensitivity for liver tumor detection in PET/CT. Until now, the resolution power in PET/CT is still low, and the other materials except 18F-FDG is more useful for detection of HCC such as acetate. However, more study is needed.

No. 1560464

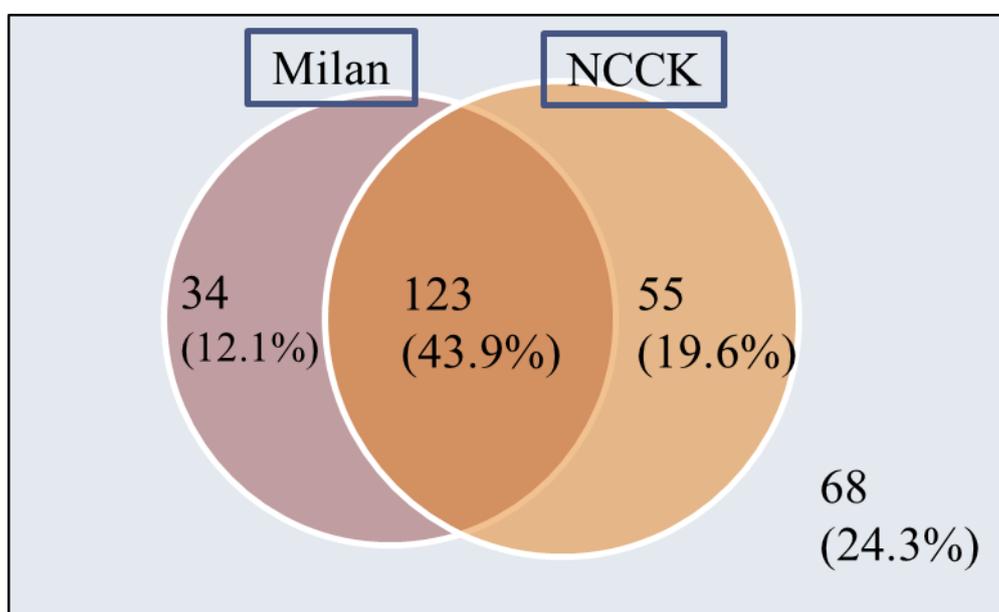
1. Thank you for your kind comment.

No. 68723

1. Thank you for your keen comment. I agree all of your comment. PET/CT machine is so limited and tumor diameter is so subjective. However, in NCCK criteria, we used the total tumor size in pathologic data, which is relatively exact. Therefore, the result is reliable, and the cut-off value of 10 cm is relatively simple to check.

Reply to reviewer 00182548

1. Thank you for your keen question for the comparison of patients between within NCCK criteria and within Milan criteria. This question was following to me during analyzing and writing this manuscript, but after the discussion with statistic specialist, the statistical comparison between these two groups was impossible because of the presence of most part in intersection between two groups. Furthermore, the basic concepts of these two criteria started totally different points (NCCK used the PET/CT and total tumor size 10; Milan used the maximum tumor size and tumor numbers). The enrolled patients of these two criteria might be same or different. To help the understanding of readers, we added the diagram of the portions in Milan and NCCK criteria like followings (Fig 3.)



And our first purpose of this article is not the comparison between Milan and NCCK criteria. We want the suggestion of new criteria with hybrid concept using PET/CT and total tumor size to expand the selection pool in living donor liver transplantation. With the results of Fig.3, we can select the patients in the sum within the circle for maximum expansion of criteria (212 patients, 75.7%).

Due to impossibility of direct comparison between two groups, we used indirect comparison between two groups using ROC curves of survivals at 1, 3, and 5 years as Fig 4.

Please, generally understand this, and we will try to get the exact results with this new criteria in next research.