Author's response to reviews

Title: Meta-analysis of radiofrequency ablation versus hepatic resection for small hepatocellular carcinoma

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Author's response to reviews:

Dear Dr. Hans Zauner:

Thank you for your kindness to review our manuscript (MS: 1678670284339794). Following the criticisms from you and reviewers, we have revised our paper. With best wishes

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Reviewer: Linda M Wong

Minor Essential Revisions
1. Table 2: "motality" should be "mortality"
   answer: We have revised “motality” to “mortality”.
2. Abstract: First sentence, ".....better therapy (HR vs RFA)to small hepatocellular cancer", should probably change "to" to "for"
   Answer: We have revised "to" to "for".
3. Authors should make a comment as to whether the studies included in this meta-analysis mentioned if recurrences were treated with salvage liver transplant. This could make a particular difference in the tumors <3 cm, as more of these would be likely to qualify for transplant with Milan Criteria.
   Answer: Thank you very much for your revision and pointing out the questions
Unfortunately, we failed to find any study included in this meta-analysis that reported recurrences were treated with salvage liver transplant. Thus, we were not able to make a comment on this.

4. Abstract: Conclusions: "For tumors <3 cm HR did not differ significantly from RFA for survival as reported in three NRCTs". Are these patients with single tumors <3 cm or would this include patients with any tumor < 3cm? Same issue with table 3 -- this is single tumor< 3 cm.

Answer: Three NRCTs compared RFA versus HR for patients with tumors # 3 cm. Two studies included only patients with single tumor [27, 28]. There was no significant difference in overall and disease-free survival between the groups at 1, 3, and 5 years in each included study (Table 3). In the further analysis, survival of patients with single or multiple tumors was similar in the two treatment groups, as reported by Vivarelli et al.[21].

5. You do make the comment that RFA patients were more likely to have less favourable characteristics such as multiple nodules in the discussion, however do the studies give you any insight on the value of HR vs RFA for single vs multiple tumors? You may want to comment on this as well.

Answer: Four of ten study included in this meta-analysis reported that patients undergoing RFA had a few less favourable characteristics such as old age, multiple nodules, severe chronic liver disease, high serum level of alpha-fetoprotein and aspartate aminotransferase level [22, 25, 27, 28]. Only one study included patients with multiple tumors, however, the authors [27] found that these biases did not influence the statistical analysis in the subgroups and in the multivariate analyses (we have commented this in the paragraph 6 of Discussions).