Author’s response to reviews

Title: Diabetes mellitus impacts risk of macrovascular invasion in patients undergoing transplantation for hepatocellular carcinoma

Authors:

Gregory C Connolly (gregory_connolly@urmc.rochester.edu)
Saman Safadjou (saman_safadjou@urmc.rochester.edu)
Randeep Kashyap (randeep_kashyap@urmc.rochester.edu)
Rui Chen (rui_chen@urmc.rochester.edu)
Mark Orloff (mark_orloff@urmc.rochester.edu)
Aram Hezel (aram_hezel@urmc.rochester.edu)

Version: 2 Date: 8 October 2012

Author’s response to reviews:

Dear Mr Mark Andrew Cardinez and Dr. Tim Cross,

I am pleased to re-submit our revised manuscript titled “Diabetes mellitus impacts risk of macrovascular invasion in patients undergoing transplantation for hepatocellular carcinoma” for publication in BMC Gastroenterology. We appreciate the specific comments of your reviewers and have addressed each of these points below. The revised manuscript has also been submitted which we feel adequately addresses the concerns of reviewers. We look forward to your response.

Sincerely,
Gregory Connolly MD

Referee 1: “no details are provided regarding the histologic staging of tumours; ie whether tumours are well, moderately or poorly differentiated, associated with potential sattelite nodules of associated withdivergent differentiation. These factors are potentially associated with vascular invasion and /or a higher risk of tumour recurrence. “

Unfortunately histologic grade was not consistently captured in this dataset or in pathologic reports. The reviewer’s comment is excellent and a limitation of the study. A statement was added to the discussion reflecting this limitation. It would not be possible to include data on histologic grade without full pathologic re-review of all specimens which is not possible.

referee 2: no essential revisions

referee 3: “Page 8: section on survival. The reporting of median survival times and then mean survival times with other statistics is confusing. The standard deviation is not a very useful statistic in this situation and the maximum survival is of no value when about 50% of the patients have a censored survival time.
This whole paragraph needs tidying up to give the reader a clear picture of what has occurred. The authors might like to consider a figure showing the survival curves with 95% CI for these curves. This may be a better way of describing the situation.”

We eliminated the statements about mean survival as we agree with the reviewer that this was confusing when combined with median survival times. There was no significant difference in survival between dm and nondm groups so we do not feel that a separate figure is needed. Survival is not a major focus of the paper.

“Table 1. There is extensive use of abbreviations in this table – these need to be written in full or defined as a footnote. AFP (not described elsewhere) needs to have a measure of variation reported as does the transplant wait list time. “

The variables were written in full and measures/units were added for afp and wiat list time.

Tables 2, 3 & 4. The number of decimal places should be reduced to an appropriate level. It is ‘95% Confidence Limits’. Table 4 the P value for DM needs correcting.”

The decimal points and typo on p value were corrected.