Author's response to reviews

Title: Early and very early hepatocellular carcinoma: when and how much do staging and choice of treatment really matter? A multi-center study.

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Author's response to reviews: see over
To: Joseph Dunckley  
Assistant Editor  
BMC-series journals

Object: second revised version of manuscript MS: 3762728082196621

Padua, 15 January 2009

Dear Mr Dunkley,

Enclosed you will find the re-revised version of the above paper. As requested, we introduced additional changes and below you find the point-by-point response to the raised criticisms. We hope the new revised version would fulfil your requests even though we were not able to modify the previous version of one figure.

REVIEWER 1
General
1. We provided all the abbreviations in the tables and figures.
2. A different statistical program, allowing us to work more freely on the survival curves is presently not available in our dept. We added to the figures the censored cases, but since each case must be separately re-coloured, the effect obtained is absolutely not up to a minimum standard and the figures become even more difficult to understand. In all figures an additional line indicating the 50% cut off has been added to facilitate the identification of median survivals for the different groups. We hope that the figures can be accepted as they stand.

Minor
1. We deleted the footnote in Table 1.
2. We unified Table 1 and 2.
3. We deleted Table 3 and 5, including the information in the text and in figures.
4. We simplified the footnotes to Tables 4 and 6 (now Tables 2 and 3).
5. We modified Table 7 (now table 4), providing additional details on the validation set.

REVIEWER 2
Abstract: We modified the Abstract as requested, smoothing our conclusions.
Methods: Treatments for HCC were chosen either in accordance to the guidelines or taking into account the neoplastic, clinical and biochemical features of the patients. This being a partly retrospective and partly prospective observational study, no attempt was done to standardize the treatment choice in each center. This has been also added in the text.
Results: The point was addressed in the Discussion, where we stated that: “the experience matured in clinical practice could have suggested that “very early” HCC occurring in well compensated patients can be efficiently treated with different approaches […] and the therapeutic choice concerning “early” tumors stems from the day-to-day experience gained by operators who evaluate the position and boundaries of the HCC node(s), the extent of vascularization and portal hypertension, concomitant diseases, the patient's age or will, local expertise and resources”.
It is indeed well known that many factors may interfere with adherence to guidelines in a specific patient.