Format for ANSWERING REVIEWERS

Oct. 23, 2013

Dear Editor,

Title: Risk prediction of hepatitis B virus-related hepatocellular carcinoma in the era of antiviral therapy

Author: Il Han Song, So Mi Kim, Young Kwang Choo

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer

(1) Reviwed by 00503849,

We revised the sentence with correct reference according to the reviewer's suggestions. (Introduction: During the last few decades, the incidence rate of HCC has increased in most developed countries, but its mortality rate has decreased[2].)

We corrected a spelling error. (demographi -> demographic)

(2) Reviewed by 00187828

No any content to revise

(3) Reviewed by 00503516

We inserted a brief description about HBV structure with a schematic figure. (Introduction: Hepatitis B virus (HBV) genome consists of partially double-stranded DNA of approximately 3,200 base pairs with four overlapping open reading frames encoding the envelope (S), core (C), polymerase (P), and X proteins (Figure 1).

We reinforced some more sentences about the biology explaining aflatoxin effect on p53. (Risk factors: Aflatoxin B1 is a representative genotoxic hepatocarcinogen that induces the transversion of guanine (G) to thymine (T) in codon 249 of exon 7 of the *p53* tumor suppressor gene in human hepatocytes (the so-called stop-codon mutation), resulting in the substitution of argenine (S) to serine (S).)

We cited the reference explaining that the serum level of HBV DNA is very well correlated with the disease progression to hepatocellular carcinoma.

We rephrased the obscure sentence pointed out by a reviewer. (Furthermore, inactive carriers with chronic HBV infection, who are seronegative for HBeAg; have serum levels of HBV DNA less than 4 log copies/mL and serum ALT activity within the normal limit; and do not have chronic hepatitis, cirrhosis, or HCC either histologically or clinically, are at risk for HCC and liver-related death compared with individuals not infected with HBV[17].

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Il Han Song, MD, PhD
Division of Hepatology
Department of Internal Medicine
Dankook University College of Medicine
Cheonan 330-715
South Korea
Fax: +82-41-550-3924
E-mail: ihsong21@dankook.ac.kr