

October 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5459-review.doc).

Title: Effect of antiviral therapy on chronic inflammation-related liver tumorigenesis and prevention of liver cancer recurrence after liver transplantation

Authors (typed): Zhongming Tan, Beicheng Sun

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5459

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). The section of carcinogenic mechanism of HBV: a more detailed description about the hepatitis B virus gene interactions with the host chromosome and ultimately lead to instability.

Thanks for the suggestions, we are sorry for not making our description clear.

Now in the revised version of manuscript, we have described the host gene instability as the results of HBV DNA insertion induced chromosome changes or the improper expression or function of nearby cellular genes (Please see *page 6*, yellow highlighted). Chromosome instability (CIH) involved the unequal distribution of DNA to daughter cells upon mitosis, resulting in a failure to maintain euploidy leading to aneuploidy. In other words, the daughter cells do not have the same number or contents of chromosomes as the cell they originated from. CIH included the whole chromosome lost or gain, microsatellite sequences alteration and the segmental instability which is detailed described in the following manuscript.

(2). Is pegylated interferon α treatment the ideal preparation over the worldwide? Maybe described in the mechanism or the prospects more particularly.

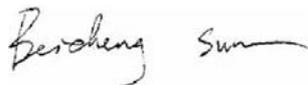
Thanks for your insightful suggestion. In fact, as the new introduced interferon, PEG-IFN are more suitable for the patients who have high HBV-DNA copies with well tolerability and ease of use. As Lau suggested⁽¹⁾, PEG-IFN even offers superior efficacy

over lamivudine, on the basis of HBeAg seroconversion, HBV DNA suppression, and HBsAg seroconversion. But from our experiences, the PEG-IFN is not the first choice for the patients in China since PEG-IFN treatment is more expensive and acquire subcutaneous injection. But PEG-IFN could be used more frequently in the future, especially for the HBV patients without fibrosis or HCC. We have discussed these prospects in the discussion section. (Please see page 13, yellow highlighted)

3 References and typesetting were corrected

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

Sincerely yours,



Beicheng Sun, M.D., Ph.D., Prof.

Liver Transplantation Center of the First Affiliated Hospital

Nanjing Medical University,

300 Guangzhou Road, 210029, Nanjing, Jiangsu Province, China.

sunbc@njmu.edu.cn

Reference

1. Lau GK, Piratvisuth T, Luo KX et al, Peginterferon Alfa-2a H-PCHBSG. Peginterferon Alfa-2a, lamivudine, and the combination for HBeAg-positive chronic hepatitis B. *N Engl J Med* 2005; **352**(26): 2682-2695