

Letter to Editorial Board of WJGS

Dear Editor,

Thank you for completing the examination of our manuscript “**Does Autologous Blood Transfusion during Liver Transplantation for Hepatocellular Carcinoma Increase Risk of Recurrence?**”

We have prepared a revised version addressing all of the issues raised by the reviewers. You will find attached a response to the reviewers indicating point-by-point how we have answered their criticisms. We have also carefully gone through the manuscript to make the appropriate changes (**highlighted**).

We would like to thank the reviewers for their comments. We have considered their suggestions and we think that the changes they suggested contribute to improve the manuscript. We do hope that our paper will meet the standards of publication in *World Journal of Gastrointestinal Surgery* and we are looking forward to receiving your final decision.

Sincerely yours,

Dr. Raphael Araujo

Point-by-point answers to reviewer's comment

We would like first to thank the reviewers for their constructive comments and the opportunity to resubmit our manuscript. Herein we respond to each comment on a point-by-point basis and have made changes to the manuscript accordingly. All changes add are highlighted in text manuscript and tables.

Reviewer #1: Dear Authors Good job but we know the importance of alpha-fetoprotein with recurrence predictor, I think this data would make the job even better

We are sincerely flattered with your support. We do agree with your suggestion and we came back and included pre-op alpha-feto-protein (AFP) level. Then, we run new univariate and multivariate analysis for both death and recurrence. We realized that AFP changed values for multivariate model and now tumor grade remained the only independent predictor of overall survival in our series. Regarding recurrence, we detected that AFP was also predictor, but for this outcome, we could not perform multivariate since we had few events to include in multivariate model. We sincerely appreciate your suggestion that clearly improved the quality of our study. Thank you so much for your meaningful review and support.

Reviewer #2: Autologous Intraoperative Blood Salvage (IBS) is generally used in liver transplantation to minimize the effect of intraoperative bleeding. However, the peripheral blood of hepatocellular carcinoma (HCC) patients may be contaminated with cancer cells or cancer-inducing virus, which can lead to potential risks of recurrence. In this study, authors investigated the association between the intraoperative use of IBS and survival of HCC patients. According to the data of a postoperative follow-up cohort, they reported that the use of IBS couldn't influence the survival of HCC patients. This is an interesting study and is useful for clinicians. However, there are several questions should be addressed before further consideration.

We would like first to thank the reviewer for their constructive comments. We agreed that major reviews were necessary. We reviewed the writing, we fixed table's layout and we also made changes in the text with new data according to reviewer 1 requests.

Consequently, we fix and added sentence in manuscript and tables and all of them are highlighted. Thank you for your review and suggestions that we do appreciate them.