Dear Editor:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Blood neutrophil–lymphocyte ratio predicts survival after hepatectomy for hepatocellular carcinoma：a propensity score-based analysis" (ID: 24722). Those comments are all valuable and very helpful for revising and improving our paper. Before we response to the reviewer's comments, We want to say sorry that we have incorrect the type of the article of a retrospective study to a prospective study. Because our article is a retrospective study,so we can not provide clinical trial registration statement.

We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer 1

Comment 1: Before the propensity pair matching was their any correlation between NLR and other histological parameters associated with prognosis

Response: According to the reviewer's comments,we analyzed the data without propensity pair matching.As we showed in the

article,multiple tumors, tumor size,incomplete tumor capsule,vascular invasion, AFP >400ng/ml are associated with prognosis among the HCC clinicopathology characteristics. Among these parameters associated with prognosis, we found tumor size($r=0.274$ $p<0.001$), incomplete tumor capsule($r=0.118$ $p=0.007$), , AFP >400ng/ml($r=0.089$ $p=0.041$) were associated with NLR, while multiple tumors($r=0.015$ $p=0.732$), Vascular invasion($r=0.080$ $p=0.068$) were not associated with NLR.

Comment 2： The post op NLR was done at one month. Why was that time point chosen and not an earlier one?

Response： NLR was calculated by dividing the neutrophil count by the lymphocyte count,and it can be affected by surgery in perioperative period,so that time point can not be chosen at an earlier one. and the HCC patients are usually told to come to first follow-up examination at one month,and at this time,the NLR is not easy to be changed by confounding factors,so we choose this time point to get the post op NLR.

Comment 3: Did the authors see any correlation with pre opp and post op NLR and liver dysfunction

Response： According to the reviewer's comments,we analyzed the

data,we found pre opp NLR (r=0.029 p=0.500), post op NLR (r=0.030 p=0.523) were not associated with Child-pugh score that reflec liver function,so we do not see any correlation with pre opp and post op NLR and liver dysfunction in our paper.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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