

Reviewer 02860797

1. This clinicopathological characteristics of the included patients should be shown in a table.

While I appreciate the comment I do not believe that a table with the clinicopathological characteristics would add enough value to the manuscript to justify adding another table. I think such a table may be more confusing than helpful .

2. The clinical significance and possible application of this conclusion should be clearly discussed.

Clinical significance is discussed in the final paragraph (highlighted in yellow).

3. Is there any difference in the rates of false-negative MRI results among different types of locoregional therapy?

Statistically significant analysis was not possible as 79% of the patients were treated with TACE only.

Reviewer 00227359

1. The median and range of values of the time intervals between the preoperative MRI and transplantation.

This information was included in the "RESULTS" section under "Patients". The sentence reads "MRI was performed an average of 40 days before transplant (range, 1-89 days)" (highlighted in green).

2. The median and range values of the time intervals between the transplantation and the postoperative MRI evaluation.

I'm sorry to say but this request does not make any sense. We did not review any postoperative MRIs as our study was comparing the preoperative MRI findings with the explant pathology. Postoperative MRIs have no bearing on this study.

3. What about AFP levels? Were there any correlation of the AFP levels and the absence or the presence of HCC.

In order to focus on the imaging findings we decided to not include the AFP levels.

4. The discussion part should be extended comparing to similar studies in the medical literature.

Supplemented the discussion to make it more robust (highlighted in gray).