For Reviewer : 00057722

Editor opinion	Reply
1. Spelling mistakes: “raltitrxed” in title and abstract should be “raltitrexed”.	Spelling mistake of “raltitrxed” in title and abstract has been corrected
2. In the first paragraph of the introduction section, citation is lacking in the 8th line.	The citation has been added.
3. In introduction section, the author state that they have adopted continuous hepatic arterial infusion chemotherapy for the treatment of HCC and have proven its advantage (JH et al., 2017 Feb 28). However, they actually used this treatment for colorectal liver metastasis rather than HCC according to their citation (Hepatic artery infusion with raltitrexed or 5-fluorouracil for colorectal cancer liver metastasis. World J Gastroenterol 23(8), 1406-1411.)	In our center, we both treat HCC and colorectal liver metastasis with same technique and protocol, we published the result of colorectal liver metastasis first, here I use this article to show the procedure of transarterial continuous infusion, and I have corrected the description in manuscript.
4. In the last two paragraphs of introduction section, the author state that they “ performed a pharmacokinetics study in a swine model and pharmacodynamics studies in different tumour cell lines …and observed its efficacy and safety. ” However, these contents are not the purpose and results of the current study. The last paragraph did not appropriately summarize the study’s objective and approach.	The last paragraph have been reviesed.
5. Ethics statements for human studies are not present.	Ethics statements has been submitted from the system.
6. The title and content of attachment in Signed Informed Consent Form Document did not match for the content present study.	I confused Ethics statements and Signed Informed Consent Form, the latter has been submitted from the system.
7. In materials and methods section, the	The table was moved to results section.

baseline data of patients should be moved to results section.	
8. Of the 94 patients with HCC, 8 patients did not receive embolization due to the existence of fistulas. The heterogeneity of treatment may cause biased results in efficacy and safety. Since the aim of the present study is to determine transarterial embolization and hepatic arterial infusion chemotherapy with oxaliplatin and raltitrexed, these 8 patient should be excluded in analyses.	We had delete the data of these 8 patients and changed the data in whole manuscript.
9. Figures 2 to 9 are not directly related to the study objective.	These figures was to show the characteristic of the disease and effect of embolization, in our opinion, PVTT was fed by hepatic artery, if we could gain a successful embolization for PVTT, the chemotherapy agent could reach PVTT as well.
10. The median follow-up time should be reported in the results.	The data was added.
11. In table 1, the total numbers of patients with different gender, tumor size, Child-Pugh grade are not equal to the number present in the first line of each group.	We have deleted 8 patients who failed to embolize the tumor, and all the data was checked.
12. In figure 1, the number of patients at risk should be reported. Figure is not clearly labeled. Detail axis titles are lacking.	Corrected.
13. The analyses of results are not sufficient, what is the progression-free survival of these patients?	All patients had multiple lesions in the liver, after emboliation, some lesions might became smaller, but always had new lesions, and change of PVTT were minor, For a certain lesion, we may use mRECIST to estimate progression-free survival, but we don't sure whether mRECIST could cover all the lesion, so we

	use OS instead of PFS.
14. In the discussion section, the author described their previous finding of pharmacokinetics study in a swine model and pharmacodynamics studies in tumour cell lines, however, these results did not focus on the objectives of the present study.	Pharmacokinetics study in a swine model is to help us understand the metabolism mode in vivo, and and pharmacodynamics studies in different tumor cell was to help us understand the metabolism mode in vitro; We note these results because we want to tell the reader the base for using low dose chemotherapy agent in clinic.