

Dear Editor and Reviewers,

Thank you very much for your comments on and suggestions for our manuscript 39725, entitled " Differentiation of Intrahepatic Cholangiocarcinoma from Hepatocellular Carcinoma in High-Risk Patients: A Predictive Model using Contrast-Enhanced Ultrasound" which are very valuable and have helped us revise and improve our manuscript. We appreciate all of your work on our manuscript.

We have carefully studied your comments and corrected our manuscript accordingly. We hope this version of the manuscript meets your approval. All changes have been marked using the 'track changes' option in Microsoft Word. The main corrections in the paper and the response to the editor and reviewers are as follows:

Response to the editor:

1. Thank you very much. We have provided language certificate letter by a professional English language editing company.
2. We have revised the manuscript according to peer-reviewers' comments.
3. We have provided the grant application forms or certificate of funding agency for every grant.
4. We have provided Core tip, Article Highlights, and the decomposable figures.

Response to Reviewer 02441332:

1. Thank you very much. We have added a sentence in conclusion saying that "A

large prospective trial is necessary to confirm the conclusion” (page 20, line 22 in the revised manuscript).

2. We have mentioned in the limitation that it was a particularly relevant limitation of the study given that MRI/CT scans must be performed in clinical practice according to international guidelines and discussed these weaknesses of the study (page 20, line 11 in the revised manuscript).
3. We have mentioned in the limitation that the study focused on high-risk patients with chronic hepatitis B or hepatitis C or cirrhosis. As a result, only 88 high-risk patients with ICC were evaluable for the purpose of the study, and this decreases the strength of the study (page 19, line 38-41 in the revised manuscript).
4. We have mentioned in the limitation that we analyzed the records based the first radiologist. This will increase the subjectivity of the study (page 20, line 1 in the revised manuscript).
5. We have deleted the sentence “The result reflects our opinion that CEUS may cause a false-positive HCC diagnosis in patients with ICC in small lesions (<3.0cm) rather than 3-cm lesions in high-risk patients”, as it would cause misunderstandings (page 19, line 18-20 in the first manuscript).
6. We have corrected the spelling mistakes.

Response to Reviewer 02939490:

Thank you very much for your comments.

Response to Reviewer 03647881:

Thank you very much. We have specified the limitations of the study, and mentioned the limitation that specimen from liver biopsy or surgery and selection of HCC group could affect present result (page 19, line 43 in the revised manuscript).