

#### Reviewer 1

This is an interesting study about the recurrence and mid-term survival of TACE and RFA treated patients with large HCC. For TACE, the best candidates are patients with no symptoms and well-preserved liver function, as well as multifocal tumors with no vascular invasion or extrahepatic spread. However, TACE alone only leads to partial tumor necrosis. Combination of TACE and RFA may improve therapeutic efficacy and extend survival time. In this study, the authors evaluated the efficacy of combined TACE and RFA for large HCC. The methods are clearly described. The results are very interesting. Minor comments: 1. There are some minor language polishing, which should be corrected. 2. In the table 1 and table 2, it is not clear why there are two AFP measurements. Please make a clarify.

**Reply:** Thank you for your comments. We have polished language in this manuscript; in table 1 and table 2, we divided patients into 2 groups by if AFP value is higher than 20ng/ml, so there are two AFP measurements, we added grouping criteria after different subgroup entries, added baseline > 20, baseline < 20 and number of patients in AFP characteristics column and numerical value column in Table 1 and Table 2 to make it more clearly, please check, thank you again!

#### Reviewer 2

This is a well designed retrospective study for the efficacy of combined TACE and RFA for large HCC. The manuscript is very well written. This results are reasonable and important. I suggest to accept this manuscript for publication after a very minor language editing.

**Reply:** Thank for your comments, we have polished our language in this manuscript, please check, thank you again!

#### Reviewer 3

Sorry for the delay of the review. I read this manuscript with interesting, and found it'a a well written manuscript. The aim of the study is clear, and the method is described in detail. The follow up data is collected and analysed.

And also, the results are well discussed, with updated references. Well done! I am enjoy reading this kind of manuscripts. I suggest to publish this manuscript as it is.

**Reply:** thank you for your comments!