

Dear Editors:

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Preoperative gamma-glutamyltransferase to lymphocyte ratio predicts long-term outcomes in intrahepatic cholangiocarcinoma patients following hepatic resection”.

We have studied reviewer’s comments carefully and have made revision which marked in red in the paper. 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 main corrections in the paper and the responses to the reviewer’s comments are as flowing:

Reviewer #1: This study is well performed and analyzed. In this study, the authors have investigated the prognostic value of preoperative gamma-glutamyltransferase to lymphocyte ratio (GLR) levels in intrahepatic cholangio carcinoma (ICC) patients following hepatectomy. The results showed that a high preoperative GLR level is associated with worse OS and RFS in this group of patients following curative resection.

Response: Thanks to you for your good comments.

Reviewer #2: In this study, the authors demonstrated the prognostic value of gamma-glutamyltransferase to lymphocyte ratio (GLR) in ICC. The result showed that GLR is an independent prognostic value in ICC for

predicting both overall survival (OS) and recurrence-free survival (RFS). The statistical analysis is well performed for both derivation cohort (264 patients) and the validation cohort (263 patients). However, to demonstrate the impact of GLR with cut off at 33.7, the authors should analyze the OS and RFS in all 527 ICC patients. Moreover, to demonstrate the potential use of GLR as prognostic marker over NLR or PLR, the authors should include both NLR and PLR in multivariate analysis. On table 4 for OS, Is there any typo for GLR cut off?

Response: The optimal value of GLR was calculated by derivation cohort which was a part of whole ICC patients. Therefore, we have rethought that it might not need to analyze the prognostic value of GLR in all 527 ICC patients. Besides, it is really true as reviewer suggested that include both NLR and PLR in multivariate analysis. We have made correction according to the Reviewer's comments. Moreover, we are very sorry for our incorrect writing on table 4 for OS. The word of "GLR ( $>2.62/\leq 2.62$ )" was corrected as "GLR ( $>33.7/\leq 33.7$ )".

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We hope that the correction will meet with approval. And here we did not list the changes but marked in red in revised paper.

Once again, thank you very much for your comments and suggestions.

Thank you and best regards.

Yours sincerely,

Jin-Ju Wang

Corresponding author:

Name: Yong Zeng

E-mail: [zengyong@medmail.com.cn](mailto:zengyong@medmail.com.cn)