Point-to-point revision

Reviewer #1:

Q: This study assigned 45 solitary HCC patients into BCLC B stage. Please give the reason of staging.

A: Thanks for your commend. The subclassification of HCC numbers is error, and we revised our subclassification of HCC numbers with 2, 3-5 and >5.

Q: Any complications as liver faliure for TACE?

A: Thanks for your commend. Because our study was retrospective, the complications of TACE were not collected, and we had put this point into the limitation in the Discussion section.

Q: How many cases were treated with TACE followed by surgery if any?

A: Thanks for your commend. As the statement in the Method section, our enrolled patients belonged to BCLC stage B HCC underwent TACE as the primary treatment, so none of our cases were treated with TACE followed by surgery.

Q: The authors can show that patients with smaller tumor size or within up-to-7 criteria had better survival outcomes to TACE. This is interesting and important to know. I miss a detailed discussion why the authors think that especially these patients/tumors benefit (difference to beyond up-to-7 criteria, larger tumor ...).

A: Thanks for your commend. Based on our clinical experience and previous studies (Choi J, J Hepatol 2014;60:1212–8; Golfieri R, J Vasc Interv Radiol 2013;24:509–17), the number and size of HCC are significantly correlated with the radiological response after TACE. For example, radiological CR rates of up to 77% were achieved in tumors less than 2 cm in size, but rates of only 25% were attained in tumors with diameters greater than 5 cm after the first TACE. We had made some discussion in the Discussion section.

Q: There are similar studies that predicting outcomes of TACE (J Hepatol, 2019,70(5):893-903 and Eur radiol 2020,30(4):2365-2376). How about the discrimination degree when compare the up-to-7 criteria and other criteria such as Milan criterion or other similar studies.

A: Thanks for your commend. “Up-to-7 criteria” and “BCLC subclassification” are clinically used as predicting tools for intermittent stage HCC with TACE. On the contrary, Milan criterion is considered as a predicting tool for HCC patients receiving liver transplantation. Our study is focus on evaluate the predicting tools in BCLC stage

B HCC with TACE.

Q: There are mistakes in the line 1 of result of Abstract (non-OR group), and page 10 (BLCC).
A: Thanks for your commend. We have revised them.

Reviewer #2:
Q: The available bibliography is limited, it would be advisable to update it with more current bibliography.
A: Thanks for your commend. The bibliography has been updated.