

Response to reviewers' comments

I express sincere gratitude to the reviewers for their valuable feedback and insightful comments on the manuscript. Your expertise and dedication to providing a thorough evaluation have significantly contributed to improving the review. I appreciate the time and effort invested in reviewing the paper, and I have carefully considered the suggestions to address concerns and enhance the overall quality and clarity of the manuscript. Once again, thank you for your invaluable contribution to advancing my research and helping shape the manuscript into a more impactful publication.

Reviewer #1:	Response
The following factors must be considered: 1) On page 3 (3rd paragraph), the statement "High levels of resistin have been associated with IR, inflammation, and oxidative stress, all of which are known risk factors for HCC development [29-31]" should be revised and separated into two sentences.	The necessary revision has been done.
2) The authors should distinguish between the titles "Resistin as a potential biomarker in HCC" on page 10 and "Serum Resistin as a Potential Clinical Biomarker for Liver Cirrhosis and Hepatocellular Carcinoma: Evidence from Clinical Studies" on page 11.	The titles have been revised, and readers will be able to differentiate between the two sections more easily. Thank you for pointing this out, and I appreciate your attention to detail in improving the manuscript.
3) The number of studies in Table 1 should be increased.	The thorough research yielded only the studies included in the table, upon further research, there were no additional studies which assessed resistin as a biomarker for HCC. To accurately reflect the content of the table and provide clarity to the readers, the title of the table has been revised. The new title now explicitly states that the table focuses on

	clinical studies that assess serum resistin as a biomarker for HCC.
Reviewer #2:	
1. The English need improvement since there are some grammatical and syntax errors in the manuscript. For example, the words “to the HCC” may be as “to HCC”; “be reliable” as “be a reliable”; “have being” as “have been”; “in modulation” as “in the modulation”; “of immune” as “of the immune”; “through stimulating” as “by stimulating”; “enhancement” as “the enhancement”. The grammar mistakes which are not mentioned here are also to be checked and corrected properly.	The manuscript has been thoroughly checked and corrected.
2. There are some typing mistakes as well, and authors are advised to carefully proof-read the text. For example, the words “chances of” may be as “chance of”; “instance insulin” as “instance, insulin”; “that promote” as “that promotes”; “figure” as “Figure”; “advanced illness” as “advanced illnesses”; “sclinical” as “clinical”; “as well as serum resistin” as “, as well as serum resistin,”; “HCV cirrhotic” as “HCV-cirrhotic”; “levels ,” as “levels,”; “well established” as “well-established”; “though” as “through”. The typos not mentioned here are also to be checked and corrected properly.	Corrected accordingly

<p>3. Check the abbreviations throughout the manuscript and introduce the abbreviation when the full word appears the first time in the abstract and the remaining for the text and then use only the abbreviation (For example, Hepatocellular carcinoma (HCC), Insulin resistance (IR), FDA, etc.). Make a word abbreviated in the article that is repeated at least three times in the text, not all words to be abbreviated. The authors may also avoid the usage of abbreviations in the sub-title.</p>	<p>The abbreviations have been thoroughly checked and addressed and all abbreviations have been removed from titles and titles.</p>
<p>4. The literature search should be described in detail. The authors are encouraged to include the database, search engines (like PubMed, ScienceDirect, Google scholar etc.), the keywords used etc., which may be included since it is a review article.</p>	<p>The details required have been added.</p>
<p>5. The introduction part appears less informative about the hepatocellular carcinoma, thus this section should be indicated as detailed to understand the manuscript in clear. The authors may cite recent prevalence or incidence data about hepatocellular carcinoma and it should be at-least of 2022 or 2023.</p>	<p>More recent references 2022 and 2023 have been cited.</p>
<p>6. The authors should improve the quality of the images (Figure 2) used in the manuscript with high resolution for better understanding.</p>	<p>Figure 2 has been improved and revised accordingly.</p>

For example, the letters used are blurred and it should be rectified.	
7. The limitation of the present review may be given along with conclusion or under separate heading for understanding the concepts clearly.	A limitations section has been added after the conclusion.
Reviewer #3:	
1.The subtitle and capitalization of the manuscript need to be checked and revised, otherwise it may make the structure of the article unclear.	All titles and subtitles are checked and corrected accordingly.
2.Does the “Prevalence of HCC in Diabetic Patients” section belong to the INTRODUCTION section.	The prevalence of HCC in Diabetic Patients is a separate section from Introduction. That has been rectified.
3.Terminology abbreviation issues. INTRODUCTION Background on HCC and diabetes section:Liver cancer, particularly HCC.....Should HCC be rewritten as Hepatocellular carcinoma (HCC) here; Prevalence of HCC in Diabetic Patients section:Hepatocellular carcinoma is more.....Should “Hepatocellular carcinoma” be rewritten as HCC here; The abbreviations of “Core tip” section should also be checked.	Checked and corrected
4.The space issues: Please check and revise:.....as well as their impact on glycaemic	Rectified throughout the manuscript

control [46, 108-110].Although.....;and angiogenesis[133, 138-140].....	
5.Diagnosis and Management of HCC in Diabetic Patients section:the Fifth paragraph: For early-stage HCC, “local therapies such as radiofrequency ablation and percutaneous ethanol injections are available.....Should TACE be included in the local therapies here, as “transarterial chemoembolization (TACE) ” is a very important treatment method for patients with HCC	Added with 2 additional references cited.
6.The description of the Resistin secretion is inconsistent in the text. Please check and confirm and modify. Resistin as a potential biomarker in HCC section:.....Resistin is primarily generated by human macrophages and rodent adipocytes.....,and INTRODUCTION section: Background on HCC and diabetes section:Resistin, a hormone secreted by adipocytes and linked to obesity and T2DM, has been connected to the HCC development and progression [27-30].....	Rectified “Resistin is predominantly synthesized by adipocytes in rodents. In contrast, in humans, while adipocytes have the capacity to synthesize resistin, the hormone is primarily produced by macrophages.”