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Reviewer #1:

Specific Comments to Authors: TACE combined with MWA is an effective treatment strategy for patients with advanced gastric cancer and liver metastasis. Xiong YF et al. conducted an observational study to compare the effect of PVB with intravenous analgesia on postoperative pain and inflammatory responses in these patients. The article is informative and well presentation. The method is described in detail. The tables help the readers to make a more understanding of the study. As stated by the authors, limitations of this study in fact were that it was a single-center study and that the authors did not measure other outcomes that could be affected by PVB, such as patient satisfaction, quality of life, length of stay, or survival, limit the impact of this study. However, as far as the present results are concerned, they are still sufficient for publication in this journal, and the authors are advised to make minor modifications. 1) I went to ClinicalTrail website to search with NCT04567890 and did not search the authors' studies. Please confirm that the NCT number provided is correct? 2) The anesthesia methods of the two groups are different, please elaborate on how the blind method was maintained in the study. 3) The control group received intravenous sufentanil analgesia before and during the procedure. Does this affect the collection of intraoperative and postoperative sufentanil consumption for secondary outcoms? 4) Need to add references in the past five years.

1.We apologize for the mistake in the NCT number. This study was not registered at ClinicalTrials.gov. We have deleted the relevant content in the manuscript.

2.We have added a paragraph in the randomization and blinding section that explains how we achieved the blinding of the different parties involved in the study

3.We have clarified how we recorded the sufentanil consumption during and after the procedure in the Materials and Methods section

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4.We have added some references from the past five years to update our literature review.

Reviewer #2:

Specific Comments to Authors: I read with great interest the Manuscript titled "Paravertebral Block's Effect on Analgesia and Inflammation in Advanced Gastric Cancer Patients Undergoing TACE and Microwave Ablation", which falls within the aim of World Journal of Gastrointestinal Surgery. In my honest opinion, the topic is interesting and the study is novel enough to attract the readers' attention. Nevertheless, the authors should clarify some points and improve the discussion citing relevant and novel key articles about the topic. However, I have a few questions for the author to clarify: 1. Was the study approved by the Ethics Committee of your hospital? Consistent with the Declaration of Helsinki? 2. The primary endpoint evaluated only the VAS score at 6, 12, 24, and 48 hours after surgery. Pain scores vary greatly among individuals and over time. As far as I know, for acute pain, it is common to use an analysis such as the Sum of Pain Intensity Difference (SPID) over a prespecified time period that reflects the expected duration of treatment effect of the product. What is the reason why SPID was not considered in this study? 3. Secondary outcome measures included sufentanil consumption during and after the procedure. Did the control group subtract the amount of sufentanil used during anesthesia?

1.We have stated that the study was approved by the Ethics Committee of our hospital and conducted in accordance with the principles of the Declaration of Helsinki in the Materials and Methods section of the manuscript,

2.The primary endpoint of VAS score at different time points after the procedure was chosen to evaluate the effect of PVB on postoperative pain intensity, which is a

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commonly used outcome measure in acute pain studies. SPID was not considered in this study because we did not measure the baseline pain intensity before the procedure, which is required to calculate the PID and SPID.

3.Yes, the control group subtracted the amount of sufentanil used during anesthesia from the total sufentanil consumption during the procedure. We have clarified this in the Materials and Methods section of the manuscript.