

EPIDEMIOLOGY, THERAPY AND OUTCOME OF HEPATOCELLULAR CARCINOMA
BETWEEN 2010 AND 2019 IN PIEDMONT, ITALY

In accordance with yours and the reviewers' comments, we carefully modified the manuscript (the changes in the manuscript have been highlighted in yellow) as follows:

Reviewer #1

1. The figure is rough, pls revise them;
Figure has been revised as suggested.

2. In figure 4, we can not distinguish subgroup analysis;
Figure has been modified in order to distinguish subgroup analysis.

3. Can the authors discuss the low resection (8 patients) in spite of 117 HCC patients in BCLC 0 and A stages?

The low resection has been justified in the manuscript text as follow: "In our population the most frequently used curative therapy was percutaneous radiofrequency ablation and only eight patients were treated with liver resection. Although this therapeutic option is considered first-line and therefore recommended in patients with 0-A (early) BCLC staging, percutaneous radiofrequency ablation is less invasive and less expensive than surgical resection. In addition it is supported by good survival results and considered as a plausible alternative in selected patients [27]. This preference may be correlated with the relatively high median age and frailty of our population. In addition, 87 of 117 patients with 0-A (early) BCLC staging had cirrhosis, and 24 patients had two or more nodules. In fact, ablation allows for a shorter hospital stay with less serious postoperative complications, which is important given the relatively high median age of our population."

Science editor

3. Table(s) and figure(s): There are 4 Figures and 3 Tables should be improved.
Table(s) and figure(s) has been improved

4. Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company.

English-language grammatical presentation has been improved, through a second review by an expert in English language editing and the new English Language Certificate has been uploaded.

5 Specific comments:

(1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the

proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

The figures has been modified as suggested.

*(3) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as $aP < 0.05$, $bP < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, $cP < 0.05$ and $dP < 0.01$ are used, and a third series of P values is expressed as $eP < 0.05$ and $fP < 0.01$.*

Statistical significance has been expressed as suggested.

(4) Please add the Core tip section.
Core tip section has been uploaded.

(5) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address.

References has been modified as suggest.

(6) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text (and directly before the References).

Article Highlights” section at the end of the main tex has been added.