Dear editor:

Thank you very much for reviewing our manuscript. We also greatly appreciate the reviewers for their complimentary comments and suggestions. We have revised the manuscript according to reviewers' comments.

Please find attached a point-by-point response to reviewer's concerns. We hope that you find our responses satisfactory and that the manuscript is now acceptable for publication.

Sincerely,

Guan-Dou Yuan

Reviewer #1: This manuscript is an observational study focusing on the diagnostic and prognostic value of lncRNACASC9 in HCC. This is an important basic and clinical trial about a hot topic. I suggest some corrections:

1.In theMethods section of the Abstract, authors mention that "A total of 80 HCC patients treated in our hospital from May2012 to January 2014 were enrolled…". But, in the Collection of patient samples section, they mention that "A total of80 HCC patients treated in our hospital from October 2017 to January 2019 were enrolled". This should be

corrected.Actually, they are giving 5-year survival data, therefore, I think that the first sentence should be correct.

Thank you for correcting our article. We have changed it.

2.In theFigure 1,B, the X axis shows the Time as days such as 1000-2000-3000-4000. In place of “Day”, I recommend “Year”such as 1-3-5 or more..

Thank you for your suggestion. We have modified the figures, and have changed X week to X year.

3.In the Figure 2,D and 4,B, in place of lymph node metastasis they used the word “transfer”and “no-transfer”. It is not meaningful, and should be corrected such as “node-positive and node-negative”.

Thank you for your suggestion. We have modified it in the figures

4.Relationship between AFP level and CASC9 expression was not clearly understandable; according to the Figure 2,Fand Table 2, low level (<200 ng/ml) shows high expression of CASC9 (3.609), but patients with low level of AFP havegood prognosis. Is there an inverse relationship between

AFP and CASC9? After the corrections, this manuscript worthto publish.

Thanks for your comments. We think your suggestion is very good. In our study, the correlation of high and low expression of CASC9 with AFP<200 ng/ml and≥200 ng/ml was analyzed by the chi-square test. The specific mechanism of it is still unclear, and we did not further explore it. We will address it in future studies to improve our results.

Reviewer #2: This is the first study exploring the diagnostic and prognostic value of the new marker, CASC9 for HCC.While there is a great need for specific biomarkers for HCC, any potential new markers are always welcome. Althoughthe authors states the limitation of studying only Chinese population, it is likely that similar finding will be observed inother populations and races. Also more task for the authors would be to extend the observation of this marker inpatients with liver cirrhosis and hepatitis, and furthermore, to observe in HBV-HCC, HCV-HCC or HCC attributed toNASH or alcoholic liver diseases. Question: How easy would this be to use this serum marker in the clinical labsetting?

Thank you for your suggestion. As you said, we have not further tested the expression and value of CASC9 in other liver benign/malignant lesions. This is indeed a limitation in our study. We have explained it in

the penultimate paragraph of this study. In future studies, we will further verify the value of CASC9 in other liver diseases and explore the value of it in the diagnosis of liver cancer