

1) Response to Reviewer (03741310):

We are grateful to the reviewer for the proofreading of our work, we have read with interest his commentary regarding our manuscript entitled: "Expected outcomes and patients' selection before chemoembolization: "Six-and-Twelve or Pre-TACE-Predict" scores may help clinicians. Real-life French cohorts results". This manuscript concerns Hepatocellular carcinoma (HCC) treated by transarterial chemoembolization and the latest selection model for this treatment modality, in particular the "pre-TACE-predict" model published in *Hepatology* 2020; 72: 198-212 [doi: 10.1002/hep.31022] (Han G, Johnson PJ et al). Contrary to what is reported, we have not evaluated this model in our previous papers, and these two models ("pre-TACE-predict", "Six-and-Twelve") have not been compared so far. We have evaluated the "Six-and-Twelve" score in two previous papers, more precisely, in letters to Editor (*Journal of Hepatology*; *World journal of Hepatology*). It appeared logical to us given the performances of the "6&12" model to compare it to the "pre-TACE-predict" model, because one would have asked us as a secondary request probably. While these two scores have been evaluated in multi-center cohorts and are reported as high performing models, we do not find the published results. The "pre-TACE-predict" score does not outperform the others, and we do not find four groups with different prognosis but only three groups. The stratification is therefore quite similar to the "6&12" model. In addition, our study includes a second cohort with HCCs of different stages, including HCCs with vascular invasion like some of the cohorts that contributed in the conception of the "pre-TACE-predict" model, and the results again differ from those published, with performances of the two latest scores ("pre-TACE-predict" and "6&12") significantly lower, and we explain the reasons for this in the discussion. The "pre-chemoembolization" scores, however, may have some usefulness especially with the new treatment modalities available in HCC, we also explain about it in the discussion. We believe that this study, based on real life cohorts, provides some insights on scores before chemoembolization treatment.

2) The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and fill out the STROBE checklist with page numbers.

All these documents have been completed (in particular by the different co-authors) and the manuscript revision followed the STROBE statement.

3) The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%.

We thank the editors for this very valuable comment. Repeated underlined sentences have been modified; they appear in red in the main text.

4) The authors did not provide the original figures. Please provide the original figure documents.

The figures using PowerPoint were provided with the revision of the manuscript.

5) The authors did not write the “article highlight” section.

“Article highlights” section have been inserted into the main text in the new version (page 16, 17).