Dear Editors and Reviewers:

Thank you for your decision and constructive comments. Those comments are all valuable and very helpful for revising and improving our paper. We have carefully considered the suggestion of Reviewer and make some changes. We have tried our best to improve and made some changes in the manuscript. Revised portion are marked in red in the manuscript. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Reviewer #1

Comment: "It's better to modify the draft with more content."

Response: We added the DCA curve to evaluate the clinical application value of nomogram.

Comment: "experimental details need to be elaborated for supporting the title."

Response: In this study, through follow-up and statistical analysis of clinical information of 358 postoperative patients with HCC, univariate and multivariate cox regression analysis was performed to obtain independent factors for the prognosis of 3-year and 5-year patients DFS, and then nomogram prediction model was constructed. The performance of the nomogram was assessed by the C-indexes and receiver operator characteristic (ROC) curve. Decision curve analysis (DCA) was used to evaluate the clinical application value of nomogram.

Comment: "figures are not clear. please check whether they have 300dpi."

Response: While these figures are already up to 300DPI, we've provided clearer figures.

Comment: "The manuscript needs improvement with respect to data collection."

Response: According to the inclusion criteria, we included a total of 445 postoperative patients with HCC, excluded 14 patients who were lost to follow-up, and removed 73 ineligible patients.. Finally, a cohort of 358 patients was analyzed.

Reviewer #2

Comment: "This is a very interesting paper on prognosticating HCC. It develops a model for analyzing post-hepatectomy disease free survival in its sample, which is rather small for the aim of this paper."

Response: In this study, through follow-up and statistical analysis of clinical information of 358 postoperative patients with HCC, univariate and multivariate cox regression analysis was performed to obtain independent factors for the prognosis of 3-year and 5-year patients DFS, and then nomogram prediction model was constructed. The performance of the nomogram was assessed by the C-indexes and receiver operator characteristic (ROC) curve. Finally, decision curve analysis (DCA) was used to evaluate the clinical application value of nomogram.

Comment: "These results are not widely appliable - in the West, hepatitis B is responsible for a small proportion of HCC cases."
Response: The clinical data of all patients in this study are from China, so this model may not be suitable for patients in western countries. China is a big country of hepatitis B, and hepatitis B and liver cancer are closely related. In addition, I will collect more patient information from the SEER database later to develop a more comprehensive and convincing nomogram prediction model.

Comment: "Language needs serious polishing: it is well written, but it does not read very well."
Response: I have submitted my article to the company recommended by your journal for polishing.

Comment: "I would suggest for the authors to discuss this limitation in the discussion section."
Response: Thank you for your advice, and I add this limitation in the discussion section.

Editor
First of all, I would like to thank the editor for recommending the RCA tool, which is very practical and convenient. With this tool, I have replaced most of the references with the latest and most cutting-edge research results.