

We sincerely appreciate for giving us an opportunity to revise our manuscript. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below.

- 1. The gastric surgery was associated with the pseudoaneurysm. There are no endoscopic figures which indicate the bleeding point. The location of the pseudoaneurysm or bleeding spot may be near the anastomosis.**

We have added the images of gastrointestinal endoscopy. The bleeding spot was unclear because visualization was limited by massive fresh blood and blood clots within the stomach. However, the physician told us it seemed that the bleeding spot was not located in the visible area of the anastomosis.

- 2. When did the pseudoaneurysm occur? Since several TACE treatments were performed, the angiography may indicate the existence of the pseudoaneurysm. The association of the bevacizumab will be proved if pseudoaneurysm was not found in the TACE at 2021-03.**

We have added the images of DSA performed in 2021-03 and 2021-09. The results showed no extravasation of contrast medium in the gastric area. As a result, we consider the pseudoaneurysm occurred after three cycles of ATZ+BVZ treatment and the bleeding might be probably associated with BVZ.

- 3. How long have the patient survived? A disadvantage of the case report is discontinuation of the HCC treatment despite the success embolization.**

The patient died because of disease deterioration six days after the bleeding.

- 4. "ATZ plus BVZ treatment not only causes variceal bleeding but also arterial bleeding" should rephrase as " BVZ treatment not only increases the risk of variceal bleeding but also arterial bleeding". So do the other similar phrase. It is nothing to do with ATZ.**

We have revised the manuscript as suggested by the reviewer.