Response to Reviewers' Comments:

Reviewer #1:

Comments 1: Fibrinogen and tumor marker such as CA125, Ca19-9 are not routinely used for HCC. Therefore, this study will not so useful for the most readers.

Reply: Thank you for this professional comment! We totally agree that fibrinogen, CA125, CA19-9 are not routinely used tumor markers for HCC. However, for well-established serum tumor makers of HCC, such as AFP and CEA, their relationships with diagnosis and survival of HCC remain less controversial. Therefore, the major purpose of our study is to discover potential survival significance of another easily obtained composite serum biomarker (FAR) in HCC, as existing literature has already revealed significant associations between FAR and survival outcomes for other types of cancer, somehow for HCC, this issue remain severely under-discussed. As FAR can be obtained from regular blood profiling test, if it truly significantly associated with the survival of HCC patients, then our study results may provide evidence in risk triage and personalized treatment for HCC patients.

Comments 2: Table 2. AFP cut-off level is >=400U/L(higher than normal), but the others' levels are in the high normal range, such as TBIL, ALT, AST... This result will cause unfair to position of AFP as a prognostic parameter.

Reply: Thank you for this important comment! We admit that in this manuscript, for AFP, we used a higher-than-normal cut-off of 400 to perform analysis. We adopted this cut-off is out of the concern that for HCC patients, the distribution of AFP will be severely negatively skewed, as a predominant majority of HCC patients can be observed abnormally high HCC level. Therefore, if we use commonly recommended cut-off of AFP, we will be facing the problem of greatly reduced statistical power. Because our major purpose is to discuss the survival significance of FAR, AFP was just a possible confounding factor that we were intending to control for, therefore, we adopted this cut-off of 400 for AFP, a cut-off that recommended by some previously published studies. We were sorry that in our previous manuscript, we hadn't cited these studies to justify the using of this cut-off. We have revised this, cited two new references in the manuscript (reference 22 and 23). Please see in the revised manuscript, page 7, paragraph 1, line 7, highlighted.

Comments 3: In page 8, "To verify the reliability and trend of this association, we further divided HCC patients into four groups based on quartiles of their baseline serum FAR..... group 1,2,3, and 4". It seemed it is necessary to refine the values or explanations to match the figure 2 and 3.

Reply: Thank you for this important comment! We totally agree that in our previous manuscript, the descriptive texts did not precisely match the figure 2 and 3, which may cause confusion to readers. We have revised this carefully. Please see in page 8-9, the highlighted paragraph, and the newly edited figure 2 and 3.

Reviewer #1:
Comments: None
Reply: Thank you for peer reviewing this manuscript.

Company Editor-in-Chief:
Comments 1: I recommend the manuscript to be published in the World Journal of Gastrointestinal Oncology. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.
Reply: Thank you for this important comment! Following your suggestion, we have accessed in the RCA database, obtained search results by inputting the keywords of our study, and replaced some references in our previous manuscript. In this revised manuscript, references 4, 6, 8, and 27 were results from the RCA database.