Reviewer #1:

**Specific Comments to Authors:** This study is only a single-center retrospective study, with a low level of evidence and can only provide a little reference for clinic. To further explore the comparison of efficacy between the two, multicenter, prospective randomized controlled trials are needed. I would like to recommend authors to reply to the following comments.

1. Do the 70 patients with small hepatocellular carcinoma (HCC) included in this study refer to those who are unresectable or unwilling to operate? If it is the former, the comparison between the two is valid; if the latter is included, the comparison between the two is not valid.

 $\rightarrow$ Thank you for your valuable comment. In author's institute, when HCC is thought to be resectable, surgical resection is the primary option. The patients in this study were treated by TACE because they were unresectable/un-ablatable due to various reasons such as tumor location, previous treatment history, patients comorbidity, and patients fear for surgery, etc.

2. The data in the table needs to be carefully checked. For example, the total number of HBV, HCV, and Non viral in Etiology in Table 1 is not 70, but 75.  $\rightarrow$ 5 patients had both HBV and HCV. Thus, in Table 1, HBV+HCV was added.

3. The format of the paper does not meet the WJGO's requirements.  $\rightarrow$  As you indicated, I tried to meet the requirement.

4.Minor language polishing is needed. →Language editing service was performed.

Reviewer #2:

## **Specific Comments to Authors:**

1. This study was enrolled from March 2021 to July 2022. What is the observation deadline?

→ The observation deadline was July 2023. I added "The data-cutoff date was July 31, 2023." in the first paragraph of Results section.

2. In multivariate analysis, AFP is the only statistically significant variable, and this multivariate analysis uses the COX proportional risk model. What time is used in the dependent variable?

 $\rightarrow$  As mentioned in table 2. AFP is the only significant variable for local progression-free survival.