

Dear editor:

The authors appreciate very much to the editor and the reviewers for their efforts on extensive assessment of our manuscript. This manuscript has been revised in a manner that is described in detail below together with our answers point-by-point to certain comments. The authors hope that the changes made will be considered satisfactory. Meanwhile, all changes to the manuscript are indicated in the text by highlighting.

**Reply to reviewer #1: Reviewer's code: 02687374**

**Comments:**

This study analyzed patients who underwent living donor liver transplantation (LDL) for hepatocellular carcinoma to investigate the outcome in relation to the intention of pre-transplantation loco-regional therapy. And the result showed that achieving profound TN by loco-regional therapy could offer better outcomes for patients undergoing LDLT for HCC. This study yields a more novel conclusion which providing additional information to optimize therapeutic strategies for patients with HCC. Overall, this retrospective study design was more reasonable. The language of this manuscript was quite appropriate and references were also suitable. Therefore, I recommend accepting this manuscript.

**Response**

The authors appreciate the reviewer to give us a high value comment and interest in our manuscript. All authors also sincerely thank the reviewer for recommending acceptance of publication in the Journal.

**Reply to reviewer #2: Reviewer's code: 02539179**

**Comments:**

The study is overall informative in analyzing the impact of loco-regional therapy prior to living donor liver transplantation (LDLT) on the patients' outcomes. The results showed that patients with defined profound tumor necrosis (TN) by loco-regional therapy had a superior RFS (5-year of 93.8%) as compared with others. The underlying mechanisms of this phenomenon should be discussed. The clinical guidance significance of this finding should be clarified more clearly.

**Response**

The authors very appreciate the reviewer's efforts in assessment of the manuscript. The underlying issue and phenomenon of loco-regional therapy in terms of tumor

necrosis was well discussed in the 4<sup>th</sup> paragraph of the Discussion section. After these revision, the manuscript might provide additional information to optimize therapeutic strategies related to loco-regional therapy for HCC before LDLT. The authors hope that the discussion made will be considered satisfactory for clarifying the effect of pre-transplantation loco-regional therapy.

**Reply to reviewer #3: Reviewer's code: 02438768**

**Comments:**

This retrospective study is interesting and the text is well written, there are no major and few minor concerns. Regarding the latter: some sentences are too long and hence hindering understanding of the readers. For example, Page 17, Section –Conclusions, Lines 6-9 : “this study showed that achieving profound TN rather than complete pathological response by loco-regional therapy could also offer better outcomes for patients undergoing LDLT for HCC providing additional information to optimize therapeutic strategies for patients with HCC.” Please check the similar long sentences and correct them in full text.

**Response**

The authors thank the reviewer for the detail examination of the manuscript content. As your suggestion, the manuscript was thoroughly checked for English writing. All long sentences were shortened to more concise and easy for reading. All authors also sincerely thank the reviewer for recommending acceptance of publication in the Journal.