Reply to the reviewers' comments

Question Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
Reviewer 1: Q1	Is there a subset of tumors that the authors noticed that has a tendency to progress with hypoxia after TACE ? It would be useful to highlight the fact given the well-established efficacy of TACE in treating HCC.	Amy Ker/ Chi-Chih Wang	Thanks for your kind suggestions, we have made some modification of this part on page number 7, line number 6-8 and all the changes were marked using tracked system by Microsoft Word.
Reviewer 2: Q1	Discussion: The authors have presented a case report of a 61-year-old woman who was diagnosed with chronic hepatitis B infection and hepatocellular carcinoma (HCC), and underwent transarterial chemoembolization (TACE) treatment. However, after the third cycle of TACE treatment, tumor growth was found to have worsened. The authors suggest that hypoxia induced by TACE may be a possible reason for the rapid progression of HCC. This case report serves as a valuable reminder to consider alternative treatment options for patients with a large tumor burden or infiltrative tumor pattern. The authors have done an excellent job of precisely presenting a case report of resistance to TACE treatment and the potential negative role of TACE in exacerbating tumor burden. However, to benefit the general audience, the authors could provide a more detailed explanation of the possible correlation between TACE-induced hypoxia and disease progression in the discussion section.	Amy Ker/ Chi-Chih Wang	Thanks for your kind suggestions, we have made the modification of this part at our discussion. Changes have done on page number 8, line number:3-5;7-11, and added another 2 references in this part as reference 13-14. All the changes were marked using tracked system by Microsoft Word.

	Although it is well-known that TACE treatment induces hypoxia and regulates hypoxia-inducible factors (HIF), explaining this correlation would help to clarify the potential mechanism underlying the observed tumor progression. It would also be helpful if the authors could provide information on whether they measured any hypoxia markers before and after TACE treatment, or in different quartiles of disease progression. By doing so, the authors could demonstrate the correlation between disease progression (e.g., tumor volume) and the level of hypoxia marker (e.g., HIF gene expression) to further support their hypothesis. Overall, these suggestions would enhance the already well-structured and well-written case report, making it more accessible and informative to a wider audience.		