

1. For peer review report

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This presented case report very interesting. Nowadays, considering an available different methods to the treatment of hepatocellular carcinoma, and since the ALPPS method has been using only in the last 12-13 years (not widely), as well as the existence of contradictions in the effectiveness of ALPPS and transcatheter arterial chemoembolization (TACE) according to previously published data (Wang Z, Peng Y, Hu J, et al. Associating liver partition and portal vein ligation for staged hepatectomy for unresectable hepatitis B virus-related hepatocellular carcinoma: a single-center study of 45 patients. Ann Surg 2020;271:534-541.), there is a necessity to note the actuality of the topic of this case report. However, I think the discussion section of this case report should be a bit expanded. I recommend that the authors should slightly increase the number of arguments, which can compare the applied therapeutic methods in this clinical case with the results of previous studies^[1]. Also, it can be noted that other studies show that the role and effectiveness of TACE in patients with Child-Pugh Class B hepatocellular carcinoma is relatively insufficient, I think the authors should add this important information to the discussion since in this case report the patient had compensated liver function^[2] (only Child-Pugh A). It is also necessary to correctly indicate the headings and interpretation of all the figures which were presented in the case report^[3].

[1]We have discussed again and expanded the discussion section to compare our strategy with previous therapeutic methods. "Compared with ALPPS and PVE conversion therapies, the current treatment strategy can produce satisfactory results with relatively minor surgery. The degree of one-stage surgery required is much less than that with ALPPS, by only dissecting and ligating the branch of the hepatic artery that supplies blood to the tumor, without breaking the liver. Experienced surgeons can even complete the operation laparoscopically, potentially reducing the likelihood of postoperative liver failure and improving the chances of a smooth recovery after the first-stage operation. Even though hepatic artery ligation combined with TACE may have less effect on the tumor than ALPPS, its effect is better than that of PVE alone. The effect of this strategy in terms of increasing residual liver volume is not obvious, compared with ALPPS and PVE. However, despite the current lack of evidence, the strategy warrants further research in terms of surgical operability and safety, especially when combined with TACE to re-embolize the tumor blood vessel branch."

[2]We all agree that this is a valuable suggestion, so we add discussion about our suggestion on what kind of liver function patients can make an attempt on our method. "Notably, although the current minimally invasive surgical technique has been applied to patients with Child-Pugh grade B liver cancer with good results, we do not recommend its implementation in patients with liver cancer of Child-Pugh grade B or below. The risk of postoperative liver failure remains high in patients with advanced giant liver tumors and

liver decompensation, even if second-stage TACE is not considered immediately and only minimally invasive surgery is used to ligate the hepatic artery. In addition, the benefits of TACE in patients with Child-Pugh grade B remain controversial."

[3]We have already make our figures meet the requirements of journal.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: It is an excellent case report presentation.

We are very honored for your evaluation.

2.For EDITORIAL OFFICE'S COMMENTS

(1) The title is too long, and it should be no more than 18 words;

We make it a 18-word title "**Conversion Therapy of Hepatic Artery Ligation Combined with Transcatheter Arterial Chemoembolization for Treating Liver Cancer: A Case Report**"

(2) The "Author Contributions" should be more specific. Please provide the author contributions; The "Author Contributions" has been re-written.

(3) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision;

Following the Guidelines and Requirements for Manuscript Revision, we have re-written the "Case Presentation" section and make our manuscript meet journal's requirement.

(4) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

All the pictures we used in this manuscript are unpublished original pictures from our center.

(5) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

This time we add original pictures to the system.

(6) Figure legends should be written per journal standard;

Figure legends have been written per journal standard.

(7) Manuscript format should be updated per journal standard;

Manuscript have been re-written.

(8) Copyright License Agreement and Conflict-of-Interest Disclosure Form are missing.

This time we have already uploaded Copyright License Agreement and Conflict-of-Interest Disclosure Form.

(9) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

All references have been completed to meet journal's requirement.

Last but not least, I don't know why the word "month" is replaced by "mo" in the download version of auto-edited text. I am sure that I enter the right word on the Net. So please check it right for me, thank you!