

Letter to reviewers:**Reviewer 02861333:**

Thank you for taking the time to review our manuscript. The text has been thoroughly reviewed to remove all grammatical and spelling errors. A table of the different agents mentioned in the manuscript and their mechanism of action has now been included. Please refer to table 1.

Reviewer 02438768:

Thank you for taking the time to review our manuscript. Your feedback was considered and the final draft contains more critical appraisals of the literature. This version of the manuscript begins by briefly summarizing the current landscape of approved checkpoint inhibitor therapies for advanced HCC, then outlines our rationale for why specific combination therapies including a checkpoint inhibitor may be more effective than single-agent immunotherapy. While the manuscript still contains a general summary of the available literature and ongoing clinical trials testing combination therapies, we have made sure to include more of our thoughts, critiques, and opinions regarding the subject matter.

Reviewer 01328488

Thank you for reviewing our manuscript. Your feedback is greatly appreciated. We have limited the discussion of study data not primarily related to HCC to a minimum, and those data are mentioned only to further the discussion regarding the utilization of combination therapies in HCC. For example, we briefly discuss the success of the nivolumab plus ipilimumab combination in other malignancies including melanoma and state that this combination may be successful in HCC. In this new draft, we provide more assessments and appraisals of the cited literature, including discussions on various studies' generalizability to various patient populations. When summarizing clinical trial data, we briefly mention phase I/II data, and then most discussion is limited to phase III trial data, if available. All trial data presented in the tables has been mostly limited to either phase II or III studies. The first table presents the results of phase II and III data, while subsequent tables describe active phase II and III studies that have not yet produced final results.

