

ANSWERING REVIEWERS

Reviewer #1: **Scientific Quality:** Grade B (Very good) **Language Quality:** Grade A (Priority publishing) **Conclusion:** Accept (General priority) **Specific Comments to Authors:** Now when effective antiviral treatment is available, the focus is mainly on achievement of possible HCV elimination, and less attention is given to the patients with advanced liver disease and cirrhosis who achieved SVR. In this well written review, the authors are describing factors associated with HCC risk in patient with HCV, discuss the current evidence to recommend surveillance and propose recommendations how it can be improved. As such, this manuscript could be of the certain value for the current clinical practice.

Thank you for the kind comments about the manuscript and for considering the clinical relevance of an adequate HCC screening in patients with advanced fibrosis or cirrhosis who achieved SVR.

1) Science editor: 1 SCIENTIFIC QUALITY: The manuscript describes a review that suggests strategies for estimating the individualized risk of hepatocellular carcinoma (HCC) after sustained virologic response (SVR) in chronic hepatitis C virus (HCV) infection. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: In this review, the authors discussed the factors affecting the probability of HCC development after SVR, the benefits and risks of surveillance, suggested strategies to estimate individualized HCC risk and the current evidence to recommend lifelong surveillance. This review is very well written and designed and adds important advice on the subject (surveillance HCC algorithm proposed); (3) Format: There are 1 table and 3 figures; (4) References: A total of 63 references are cited, including 30 references published in the last 3 years; (5) Self-cited references: There is 1 self-cited references. The self-referencing rate should be less than 10%. Please keep the reasonable self-citations (i.e. those which are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated;

We have kept the one self-cited reference since we considered is directly related to the topic discussed. It is also one of most recently published studies on the topic, includes a large cohort of patients with compensated advanced chronic liver disease after SVR and provides relevant information about factors predicting HCC.

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 LANGUAGE EVALUATION: Classification: Grade A. A language editing certificate issued by AJE was provided. 3 ACADEMIC NORMS AND RULES: No academic misconduct was found by the Google/Bing search. 4 SUPPLEMENTARY COMMENTS: This is an invited manuscript. No funding. The topic has not previously been published in the WJG. 5 ISSUES RAISED: No. 6 RE-REVIEW: No. 7 RECOMMENDATION: Accept (General priority).

(2) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Best regards

Sonia Alonso