

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

1 Title reflect the main subject of the manuscript. 2 Abstract is good (it summarizes and reflect the work described in manuscript). 3 Key words is ok. 4 The introduction provides a good background on the importance of predicting ALF. However, the authors could introduce the impact of ALF on patients more comprehensively. 5 Methods: The methods provide a detailed description of participant selection and experimental procedures. 6 Results are ok. The results section mentions significant differences in NLR and ALBI between the two groups. 7 Discussion: Emphasize the roles of NLR and ALBI in post-hepatectomy ALF in the discussion and discuss potential mechanisms and clinical applications. Conduct a more in-depth analysis of the relationship between results and existing literature to demonstrate the study's innovativeness. 8 Illustrations and tables: ok. 9 Biostatistics.: ok. 10 References: ok. 11. The manuscript is well, concisely and coherently organized and presented. The manuscript has the potential to make a meaningful contribution to the field. 12. The manuscript met the requirements of ethics.

Response: We feel great thanks for your professional review work on our manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

This study focuses on constructing a predictive model using the neutrophil-to-lymphocyte ratio (NLR) and albumin-bilirubin score (ALBI) to anticipate acute liver failure (ALF) in hepatocellular carcinoma patients after complete tumor resection (R0). This study is very interesting. The method is described in detail. It offers interesting insights into the predictive value of NLR and ALBI in post-hepatectomy ALF. The Figures and tables help the readers to make a more understanding of the study.

Comments 1: The background section could introduce the impact of ALF on patients and the current research status on this issue more comprehensively.

Response: We gratefully appreciate for your valuable suggestion. In latest manuscript, we supplemented the relevant impact of ALF on patients and the current research status in background section.

Comments 2: While the results section mentions significant differences in NLR and ALBI between the two groups, providing more details on baseline characteristics and laboratory indicators would offer a more comprehensive understanding of the study participants.

Response: We gratefully appreciate for your valuable suggestion. Due to our negligence, we did not collect more detailed information about the baseline characteristics and laboratory indicators of the patients, which will be analyzed in more detail in subsequent

studies.

Comments 3: Further explanation of the AUC and other evaluation metrics would enhance the interpretation of the predictive model's efficacy.

Response: AUC (Area Under Curve) is used to indicate the prediction accuracy. The higher the AUC value, that is, the larger the area under the curve, the higher the prediction accuracy.

Comments 4: The conclusion is succinct. Reiterate the study's significance and potential implications for clinical practice.

Response: Thank you for your suggestion. We have supplemented in conclusion.

Comments 5: Language is fluent, but a careful review for spelling or grammar errors is recommended to ensure professionalism. For example, the full name of the intrinsic term ALT, AST is generally Alanine aminotransferase, Aspartate aminotransferase, etc.

Response: Thank you for your suggestion. We had made corrections for spelling or grammar errors in revised manuscript.