Dear Reviewers,

Thank you for the thorough review and suggestions. Below are responses to the specific recommendations you suggested. Thank you for your time and consideration.

Response to the Reviewer #1:

1. The abstract was changed and the references in the original abstract were eliminated.
2. Thank you for suggestion regarding evaluation of HCC risk using the new early tumor markers for HCC (miR-122, AFP and PUVKA II). Unfortunately, while we absolutely agree with the significance of these markers, in our current subjects, no such markers were included in the risk assessment for HCC. Nonetheless, these markers will be included in our future studies.

Response to Reviewer #2:

1. In the abstract and the text, we clearly described that this paper is a manuscript and not a systematic review and we clearly state our aim (page 2, line 23).
2. Although it may have appeared like a case report to the reviewer, we in fact quoted the case reports that demonstrated "persistent risk for HCC". These case reports were already published elsewhere (references 16,17,18). We used the cases as examples of the persistent risk for HCC despite long term successful antiviral treatment up to 15 years.

   The reviewer suggested that we describe all the antiviral drugs including those that are FDA approved and used in the USA as well as those used in other countries as discuss which drugs are first lines. While we appreciate the suggestion, our focus of this minireview was not on the efficacy of individual antiviral drugs, but on the development of HCC in spite of successful treatment regardless of which antiviral was used (either first line or the other). All the used antiviral drugs

successfully suppressed HBV replication and what drugs were used did not matter in regards to persistent HCC risk.

3. The ultimate goal of antiviral treatment for patients with chronic hepatitis B is prevention of HCC. Our conclusion is that the ultimate goal of HBV treatment is complete prevention of HCC. Unfortunately, that goal is currently not achievable with the current anti-HBV therapy. We consider this message to be a systematic international perspective statement.
4. A figure of the agents discussed in the second part of the minireview is now included (page 5).