

Point-by-point response to reviewer comments

Dear Editors and Reviewers,

We appreciate your time spent on reviewing our manuscript. We attempted to revise our manuscript according to your suggestions. Please see below for specific comments.

Reviewer 1

1. In this manuscript, the overall survival was analyzed by age, race, surgery types and metastasis status. Overall survival based on stages of FL-HCC should be analyzed as well.

Thank you for your suggestion. This analysis has been added to the result section; FL-HCC stages 1, 2, 3, 4 and unknown.

2. Surgery was the main treatment modality of FL-HCC. It is also suggested that treatments other than surgery, such as intervention therapy or systemic therapy, should be introduced or analyzed.

We appreciate your suggestion. We agree that interventional therapy and/or systemic therapy is critical part of cancer treatment. However, the SEER database has acknowledged that the data on chemotherapy and interventional therapy has limitations. We decided not to include this data in our analysis to avoid potential risk from unreliable information. We added a sentence in the method section to clarify this.

3. Prognosis of FL-HCC was better than HCC. Second operation was recommended for local recurrence, and these patients also had decent prognosis. Therefore, recurrence data and second operation should also be analyzed.

Thank you for pointing out the important point. Unfortunately, the SEER database does not have data on local recurrence data and secondary operation.

Reviewer 2

1. In addition to tables, it is better to use colored pie charts, bar charts, line charts, etc. to make the results easier to read and understand.

Thank you for your suggestion. We would love to add additional figures, however we already have four tables and six figures, thus we felt adding additional figures may be excessive.

Reviewer 3

No comments to respond to.

Reviewer 4

The most original finding of the manuscript is the better survival of those having surgery even lymph node positivity and younger patients diagnosed with fibrolamellar hepatocellular carcinoma, and although the strongest part is to have a quite a large number of patients for fibrolamellar hepatocellular carcinoma provided from the SEER database, it is also affected by the missing data entry of SEER database, which is the weakness of it. The publication encourages the surgeons to perform surgery because of unlike other hepatocellular carcinoma cases, patients with fibrolamellar hepatocellular carcinoma patients generally do not have any other underlying liver disease and are younger.

Thank you for your comments and we acknowledge the weakness of our study.

Reviewer 5

Why did you see the effect of tumor grade, tumor budding on the survival as they affect the response to therapy The lymph node and metastasis are known prognostic factors which affect the survival Why tumor present at advanced stage at early age Data about response to chemoradiotherapy is essential as this affects the recurrence rate and the survival rate.

Thank you for your valuable comments. We added survival information based on stages which partly reflect T staging, when staging by AJCC staging are utilized. As mentioned above, chemoradiation data on SEER database has limitations and we would like to avoid including potentially inaccurate information to our study.

Reviewer 6

I think it would have been interesting to express the 5-year survival rate of each group, in order to be able to compare them with series such as Pinna. I would like to know if the young patients had a history of familial colic polyposis.

We appreciate your feedback. We agree that younger patient without underlying liver disease allow for more aggressive interventions not necessarily possible in older patients, hence older patients might have more oncological involvement affecting their survival. We agree that the lack of information on chemotherapy and other interventional therapies are the limitation to interpretation of survival results, but

chemoradiation data was not included due to potential inaccuracy of the SEER data. We added the 5-year survival data to the study. Unfortunately, the SEER database does not provide data on familial colic polyposis syndrome.

Science editor

This manuscript presented a retrospective study of fibrous layer hepatocellular carcinoma (FL-HCC) according to the SEER database. It is recommended to supplement the 5-year survival rates for each group, overall survival based on FL-HCC stage, and whether these young patients have a familial history of colic polyps. And it is recommended to introduce or analyze treatments other than surgery, such as interventional therapy or systemic therapy.

Thank you for your valuable suggestions. As addressed above, we supplemented our study with the 5-year survival rates and overall survival. Unfortunately, the SEER database does not have a data on familial colic polyposis syndrome, which would have been a valuable data. Due to inaccuracy of data regarding chemotherapy or interventional therapy stated by the SEER database, this data was not included, and we a statement in the methods section.

Company Editor-in-Chief

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to

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Thank you for your comments. We revised our manuscript accordingly.