Response to Reviewer #1:
Thank you very much for your questions. We would like to response to your questions as the following:

[Question 1].
Reviewer #1:
1.There are limited population-based data available for investigations into epidemiologic characteristics of ICC in some particular area, while the author have a national cancer registry database system that can be used and it is good for evaluating the secular trends of ICC in Taiwan.

Response:
Thank you for your appreciation.

[Question 2].
2.The ICC has several risk factors, such as aging, smoking, obesity, diabetes mellitus and so on. In this study, the author evaluated secular trends of ICC according to age and sex in Taiwan. The assessment of other independent and/or interactive effects are suggested, and future prospective evaluations are needed to explore potential risk factors of ICC.

Response:
It was mentioned in the revised manuscript (page 13, line 4-8). Ultimately, although our study found that there are various risks associated with ICC, including sex, age, DM, HBV and/or HCV infection, obesity, nutritional factors, and smoking, the results need to be validated in larger cohorts, exploring the risk of ICC development in a high incidence area in particular.

Reviewer #2:
[Question 1].
I would like to thank the Editor and the Authors for the opportunity to review this paper. It is an interesting paper and well reported. The Authors report in details the epidemiology of ICCA. However, at least in the discussion, I would like to suggest to add information regarding the nutritional aspect of increasing case of ICCA because it is a well know condition that impact in postoperative complications and survival in patients with

Response:
Surgery is the only curative treatment for ICC\textsuperscript{[4]}\textsuperscript{[1]}. A previous study found the incidence of sarcopenia among ICC patients following receipt of liver resection to be 50\%. Preoperative nutritional evaluation is important for ICC\textsuperscript{[41]}\textsuperscript{[2]}. In addition, nutritional factors may affect the disease incidence. Indeed, a population-based cohort study found that regular use of oil supplement lowered the risk of total liver cancer to 44\% (95\%CI: 25\%-59\%) and risk of ICC to 40\% (95\%CI: 7\%-61\%)\textsuperscript{[42]}. A meta-analysis suggested that vegetable and fruit consumption may reduce the risk of ICC; specifically, the reported ORs of mixed vegetables, mixed fruits, and combined fruits and vegetables were 0.61 (95\%CI: 0.50-0.75), 0.79 (95\%CI: 0.65-0.96), and 0.68 (95\%CI: 0.57-0.80), respectively\textsuperscript{[43]}. A multi-center study determined that high dietary fiber intake could be associated with a lower risk of intrahepatic bile duct cancer\textsuperscript{[44]}\textsuperscript{[3]}. Finally, an animal model-based study in Taiwan provided further evidence of a relationship between ICC and nutrition; vitamin D supplementation lead to significant suppression of ICC initiation and progression in the rat model via regulation of gene expression (e.g., of lipocalin 2)\textsuperscript{[45]}.

Add reference:
42 Jiang W, Li FR, Yang HH, Chen GC, Hua YF. Relationship Between Fish Oil Use and Incidence of Primary Liver Cancer: Findings From a Population-Based Prospective Cohort Study. Front Nutr 2021;8:771984 [PMID: