Answering reviewers

We would like to thank all the reviewers for their careful reading of our manuscript and for providing such useful comments. We have revised our manuscript to address their concerns. All changes in the revised manuscript are highlighted.

Responses to the comments of reviewers are as follows.

Reviewer #1

Regarding the discussion section:

We have revised the discussion section as the reviewer's recommendation. We have shortened the documentation regarding NAFLD/NASH and alcohol intake to emphasize clearly the main points of this study. We have also read the articles which were recommended by reviewer and referred to the discussion.

Regarding our careless mistakes in Table 3, 4 and 5:

We have amended the 'Pathological' to 'NASH' in Table 3, 4 and 5. We appreciate the appropriate review by the reviewer.

Reviewer #2

Regarding the 'Manuscript Type'

We have revised the manuscript type to 'Observational Study' according to the reviewer's comment. We appreciate the appropriate review by the reviewer.

Reviewer #3

Regarding the omitting the Figure 2

Although the reviewer recommended omitting the Figure 2, we have decided to keep the Figure 2 on the manuscript. Because the other two reviewers have not pointed out such matter and the Figure 2 represents clearly that the NASH was frequently associated with other metabolic factors.

Regarding the simplifying Tables

Although the reviewer recommended the simplifying Tables, we have decided to keep

the original version of Tables. Because we consider that the original versions are easier to understand for the readers. In addition, the other two reviewers have not pointed out such matter.

Regarding the more data such as viral serological markers, HCC stage, number of tumors and neoadjuvant treatments.
We can understand that the data requested by the reviewer is reasonable. However, it is impossible for us to prepare all these data. It is the limitation of this research.

Regarding the 'new Inuyama classification system'
We have used the 'new Inuyama classification system' for histologic scoring systems of chronic liver disease because the 'new Inuyama classification system' is widely used in Japan. This was documented in materials and methods section.

Regarding the T factor
T factor is 'T factor of TMN classification'. This was revised in revised manuscript.

Regarding the 'Discussion' section.
The 'Discussion' section was revised in revised manuscript.

Once again, we would like to thank reviewers for their time and efforts for our manuscript.

Dear Editor in Chief,

We would like to thank for your careful review of our manuscript and for providing such useful comments. We have revised our manuscript according to your comments. All changes in the revised manuscript are highlighted.

Regarding the limitations of the study:
Among the required data by the reviewer 2, HCC stage (T-stage) was already documented in the manuscript. All patients enrolled in this study had no lymph node or distant metastasis at the time of surgery, thus curative surgery was performed. That is the reason why we document only T-stage. To avoid misunderstanding of readers, we added information of "no lymph node or distant metastasis at the time of surgery" in Materials and Method section. Reaming required data, actual number of tumors, viral serological markers except for HBsAg and HCVAb, and status of neoadjuvant treatments were not available. Therefore, we documented these factors as limitation in discussion section.

Once again, we sincerely thank reviewers for their time and efforts for our manuscript.

With best regards,

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