

Dear Editors and Reviewers,

Thank you for taking time to review this manuscript. We quite appreciate all your comments and suggestions! Those comments were pretty helpful for revising and improving our paper. We have scrutinized the comments carefully and made corrections which we hope meet your requirements. The main corrections are in the manuscript and the responses to the comments are as follows (highlighted in orange). Please check my itemized responses below and the revised manuscript.

Thanks again!

SUGGESTIONS FROM EDITOR:

(1) The title is too long, and it should be no more than 18 words;

Response: Thanks for your suggestion. We have changed the title to " Nomogram based on inflammation-related markers for predicting the survival of patients undergoing hepatectomy for hepatocellular carcinoma" as required (16 words).

(2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thanks for your reminder. We have uploaded the funding agency documents.

(3) The authors did not provide original pictures. 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;

Response: Thanks for your comment. We have uploaded the original figure documents by PowerPoint.

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Thanks for your comment. We have added PMID and DOI numbers in the reference list and list all authors of the references

(5) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response: Thanks for your comment. We have added "Article Highlights" section at the end of the main text.

COMMENTS TO THE AUTHOR:

Reviewer #1:

Major comments.

1. The Table 1 contained some N1 patients (p-stage IVA). Were these patients appropriate into R0 resection?

Response: Thanks for your comment. In this retrospective study, all data were extracted from electronic medical record system. R0 resection was performed as far as possible if the future liver remnant (FLR) was sufficient. Patients undergo surgery after clinical evaluation, but N staging and lymph node status could only be obtained after surgery. And these patients meet the study inclusion criteria, so the TNM distribution was shown in the manuscript.

2. The Table 1 and Table 2 did not include microscopic or radiological vascular invasion, number of tumor (solitary or multiple), tumor size 2 cm or less (T1a tumor), hepatitis C infection, steatohepatitis, or value of protein induced by vitamin K absence or antagonist II (PIVKA II, or des-gamma-carboxy prothrombin (DCP)). These markers may be further examined in the present patients with HCC if possible.

Response: Thank you for reviewing and comment.

(1). In this study set, patients with multiple liver carcinoma were treated by adjuvant therapy firstly. So, all included cases were single focal lesions.

(2). The prevalence and the burden of hepatitis B in China are relatively high. Therefore, most patients had hepatitis B tests, but the lots of missing values of the hepatitis C tests. So, it was not included in the analysis.

(3). As for MVI, univariate Cox analysis was carried out in training cohort. We have added the results in Table 1 and 2.

(4). On the classification of tumor size, we have tried to classify them according to <2cm, 2~5cm, and ≥ 5 cm, but there was no significant difference, so we combined <2cm and 2~5cm group. The results were shown in the following table.

Supplement table: Univariate association tumor size (triple categories) and OS in training cohort

	HR		95%CI	p-value
Tumor size, cm				
<2	Ref.			
≥ 2 & < 5	1.102	0.660	1.841	0.710
≥ 5	1.733	1.049	2.864	0.032

(5). Because of the different concepts, our two cohorts did not routinely carry out PIVKA II or DCP for patients with HCC.

3. Can the authors examine recurrence-free survival analysis?

Response: Thank you for your suggestion. The two hospitals in our study are the largest hepatobiliary surgery center in the province, with plenty of rural patients from other cities. Therefore, a large number of patients did not seriously follow the doctor's advice to come to our hospital for reexamination. In addition, during telephone follow-up, many patients are not very clear about their illness, or provide accurate results of local reexamination. Therefore, the reliability of DFS was insufficient.

4. Did the AFP value return to normal in the present patients? How about postoperative AFP value?

Response: Thank for your reviewing. To the best of our knowledge, most patients converted to normal AFP postoperatively, but we unable to collect enough AFP data for analysis.

5. The AUCs of the TNM were shown in the Figure 4. However, why was the TNM stage included in the Table 2?

Response: Thanks for your reminding, we have removed TNM from the table.

Minor comments.

1. Abstract. The abbreviations, OS and AFP should be fully spelled when first appeared.

Response: We have added the fully spelling of OS and AFP in abstract.

Once again, thank you very much for your constructive comments and suggestions which would help us in depth to improve the quality of the paper.

Kind regards,

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