Response to Reviewers' comments

Dear Dr. Ma,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our results and their discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,
Reviewer #1

This consensus from Chinese presents the resultant evidence- and experience-based consensus to guide the application of neoadjuvant and conversion therapies of HCC in clinical practice. This consensus summarizes the neoadjuvant and conversion therapies of HCC in a respectful manner, it can give the clinicians a detail guideline for the treatment of HCC. Overall, the manuscript is very well written. One question, the authors should consider to include the supplementary Tables as formal content, or re-number the references in the supplementary Tables and remove those references from the main reference list.

Response: We thank the Reviewer for the comments. We saw that probably due to a bug in MS word while preparing the final version of the manuscript, a deleted table (Table 2) was reinserted. We deleted it. Table S1 was moved to the main content as Table 3 and the references in Table 3 therefore remained in the main reference list.

Reviewer #2

This consensus on neoadjuvant and conversion therapies for HCC is very well written and important to the clinicians. After a minor editing to the manuscript, it can be accepted for publication.

Response: We thank the Reviewer for the comments. The manuscript was proofread.

Science editor

This consensus from China is excellent. It's important to standardize the application of neoadjuvant and conversion therapies for the management of HCC. In this consensus, the authors present the resultant evidence- and experience-based consensus to guide the application of neoadjuvant and conversion therapies in clinical practice. The manuscript is very well written. As the reviewer indicated that the reference list should be re-arranged. Please move the references in the Supplementary Materials.

Response: We thank the Science Editor for the comments. The manuscript was proofread. As requested by Reviewer #1, Table S1 was moved to the main content as Table 4 and the references in Table 4 therefore remained in the main reference list.

Company editor-in-chief

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted.
I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. 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 decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: We thank the Editor-in-Chief. The Figure and Tables were revised accordingly.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Response: The running title now has six words.