

Dear reviewer 1,

Thank you for your comments and advice!

1. Page number has been added for convenience.
2. Thank you for your comments. This retrospective series represented the early experience of SBRT for graft recurrence. We have adapted the selection criteria from primary HCC, of which numbers of tumour was limited to 5. The clinician could have selected more favorable tumours as we had limited experience for liver graft irradiation. This might have explained the number of recurrent tumours in this series was up to 2. This point has been clarified in the results part.
3. Thank you for pointing out the inaccurate information in our description on the indication. One patient did receive concurrent SBRT to lung metastasis. The methods session has been revised.
4. Thank you for your comments. The significant regional failure rate in our series was the reason for us to consider additional regional therapy. However, suggestion to TACE could not be made based on this study. The discussion session and abstract has been revised.

Dear reviewer 2,

1. Thank you very much for your comments. The details of SBRT has been explained more in detail in the methods section. Stereotactic planning was performed to minimize collateral radiation to the surrounding organs-at risk including the normal liver graft, esophagus, heart, stomach, duodenum, small bowel, large bowel, kidneys, gallbladder, common bile duct, and spinal cord. Photon beam was delivered with respiratory gating to adjust for ventilatory movements. Representative images of one patient has been added.
2. 6MeV photon beam was usually used while 10MeV beam was used in selected patients for deeper penetration and better dose homogeneity. Total dose varied from 20 to 50 Gy. The dose is determined such that a maximum tumoricidal dose can be delivered to tumors while respecting the tolerance dose of organs-at-risk. Dose prescription was based on the volume of normal tissue irradiated and the volume of the target. The corresponding methods section has been revised.

Dear reviewer 3,

1. Thank you. The duration from transplant to recurrence has been included in table 1.
2. Thank you for your comments. During the study period there was 23 patients diagnosed with graft HCC recurrence. Seven patients received SBRT. This piece of information has been added to the results session.
3. Thank you for your comments. The efficacy of TACE for post-transplant recurrence has been addressed a prospective case-control study consisting 28 patients. They reported 57% partial response, which compared inferiorly to SBRT in our series (55% complete response and 11% partial response). The information has been included in the discussion session.