

Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-23-341>

Review comments

Reviewer A

The authors presented an overview of liver transplantation and hepatocellular carcinoma. The authors deeply discussed all aspects of LT prior to, during, and post. maybe a short part for the salvage transplant in case of recurrence should be added.
doi: 10.1002/lt.25768. 10.1016/j.jhep.2012.06.033

We thank the reviewer for their comment and have added a section on salvage transplantation

Reviewer B

This is a great review of the current state of HCC and its potential treatment options and outcomes including the ways forward with transplantation. Analysis of post transplant HCC recurrence is also very helpful including review of the RETREAT score.

We thank the reviewer for their comment.

Reviewer C

The manuscript is well-written. The following are few notes and enquiries:

1- In section: Introduction:

- HCC is written here for the first time in the review therefore, it should be written "Hepatocellular Carcinoma (HCC)"

We have changed accordingly

2- In section: Recent epidemiological trends:

- The sentence "The underlying disease states that lead to LT have dramatically evolved over the last few decades (Figure 1)", is not clear and the reference is missing in the text and in Figure 1.

A reference was added to the sentence

3- In section: Allocation of Organs:

-The author used Reference no.9 which is a recent reference while mentioning the

first time to implement the Child-Pugh score in assessing the severity of liver diseases.

An additional reference was added

-In line 74; What (MMaT minus 3) stands for? should be mentioned clearly.

This was corrected in the text

-In line 88; UCSF is written for the first time in the review therefore, it should be completely mentioned then add the abbreviation.

This was corrected in the text

4- In section: Recurrence: predictors, prevention, and therapy:

-In line 311: “Early recurrence, defined as < 1 year, is associated with a significantly worse prognosis.” the author had stated 1 year as a cut off time for early recurrence without mentioning the reference.

We have corrected it to 2 years (according to the majority of previous studies) with a reference

In fact, this is a debatable point and many studies had tried to set a clear definition for early HCC recurrence after liver transplantation and its timing. It would be more valuable to consider all the previous studied assessing this issue.

- The author didn't clearly mention an important point; the timing of HCC recurrence and its predication, it is now the recent era of all the studies not only to predict the recurrence but to predict its time as prediction of the early HCC recurrence which could help in better selection of the patients for liver transplantation and adjuvants therapies.

Thank you for the excellent comment. We have incorporated this section into the manuscript

- In line 355; Add the reference for this phrase; “Management of patients with recurrent HCC after LT draws some parallels to management of primary LT, with a clear benefit of treatment modalities with curative intent.”

We have added the reference to the text.

—