

Peer Review File

Article information: <https://dx.doi.org/10.21037/jgo-23-523>

Reviewer A

Comment 1:

Thank you for submitting your paper, reporting highly encouraging safety profile and success using the brachial artery for delivery of HAIC. This is encouraging and you have raised the possibility that it may be superior to using the femoral artery approach, suggesting a prospective assessment. While this sounds like a very good idea, the paper would be strengthened if there was a comparator group of patients who had received a similar treatment via the femoral artery, reporting safety profile and adverse events.

Reply 1: Thank you for your suggestion. We established a control experiment between the brachial artery and the femoral artery in subsequent experiments of this study, and the main purpose of our manuscript in this study is to evaluate the feasibility and safety of the brachial artery.

Changes in the text: None.

Reviewer B

Comment 1:

1) First, the title did not indicate the subjects and clinical research design of this study, i.e., a retrospective cohort study.

Reply 1: Thank you for your suggestion. We have made modified the title as advised (see Page 1, line 3-4).

Changes in the text: The feasibility and safety of the brachial artery approach in the treatment of hepatic artery infusion chemotherapy: a retrospective cohort study

Comment 2:

2) Second, the abstract is inadequate and needs further revisions. The background did not indicate why TBA is potentially effective and feasible and what the knowledge gap is on these research focuses. The methods did not describe the inclusion of subjects, criteria for successful treatment and measures of feasibility, and how the subjects were followed up. The results need to describe the baseline clinical characteristics of the study sample. The conclusion should be tone down due to the retrospective nature and no control group of this study.

Reply 2: We have made modified the title as advised (see Page 2, line 52-56). The detailed information of the subjects is described in the method section of the manuscript.

Changes in the text: None.

Comment 3:

3) Third, in the introduction of the main text, the authors did not analyze why complication rate of TBA in the prior studies is so high, what the unique technical strengths of the TBA in the authors' study, and what the knowledge gap is on the efficacy and feasibility of TBA. It is clear that the authors had performed TBA for nearly 200 cases, so why it is needed to

retrospective analyze its efficacy and feasibility? This is my major concern regarding the rationale of this study.

Reply 3: Previously, there have been no large-scale studies on the brachial artery due to immature technology. This study is the first to summarize the surgical results of nearly 200 patients undergoing the brachial artery approach, as a supplement to this aspect.

Changes in the text: None.

Comment 4:

4) Fourth, the methodology of the main text, please describe the clinical research design, sample size estimation, measurements of clinical characteristics, and follow up details of this patient cohort. Please have a separate paragraph to describe the statistical methods for the data of this study.

Reply 4: Statistical analysis is not applicable in this study as there was no control group set up. We evaluate patients during surgery, so follow-up is not involved.

Changes in the text: None.

Comment 5:

5) Finally, please consider to review and cite the below related papers: 1. Yan L, Lin J, Ke K, Wu Z, Huang J, Huang N, Yang W. A meta-analysis comparing hepatic arterial infusion chemotherapy and sorafenib for advanced hepatocellular carcinoma. *Transl Cancer Res* 2022;11(1):99-112. doi: 10.21037/tcr-21-1839. 2. Wang T, Dong J, Zhang Y, Ren Z, Liu Y, Yang X, Sun D, Wang Y. Efficacy and safety of hepatic artery infusion chemotherapy with mFOLFOX in primary liver cancer patients with hyperbilirubinemia and ineffective drainage: a retrospective cohort study. *Ann Transl Med* 2022;10(7):411. doi: 10.21037/atm-22-978. 3. Ogasawara S, Kanogawa N, Kato N. How we use hepatic arterial infusion chemotherapy in the new era of systemic therapy? *Hepatobiliary Surg Nutr* 2022;11(5):775-778. doi: 10.21037/hbsn-22-396.

Reply 5: Thank you for your suggestion. We added these papers as advised (see Page8, line 1-3).

Changes in the text: "1. Yan L, Lin J, Ke K, Wu Z, Huang J, Huang N, Yang W. A meta-analysis comparing hepatic arterial infusion chemotherapy and sorafenib for advanced hepatocellular carcinoma. *Transl Cancer Res* 2022;11(1):99-112. doi: 10.21037/tcr-21-1839.

2. Wang T, Dong J, Zhang Y, Ren Z, Liu Y, Yang X, Sun D, Wang Y. Efficacy and safety of hepatic artery infusion chemotherapy with mFOLFOX in primary liver cancer patients with hyperbilirubinemia and ineffective drainage: a retrospective cohort study. *Ann Transl Med* 2022;10(7):411. doi: 10.21037/atm-22-978.

3. Ogasawara S, Kanogawa N, Kato N. How we use hepatic arterial infusion chemotherapy in the new era of systemic therapy? *Hepatobiliary Surg Nutr* 2022;11(5):775-778. doi: 10.21037/hbsn-22-396."