Peer Review File
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Reviewer A

Comment: Authors showed 5 cases treated with regorafenib after PD with atezolizumab plus bevacizumab (TA regimen) in patients unresectable HCC. As authors mentioned, second-line treatment after PD with TA regimen has not been established. Therefore, this study was valuable although several major limitations were found. For clinicians, it is important who is the best candidate to treat with regorafenib after PD with TA regimen and how we treat with regorafenib.

Reply: We sincerely appreciate your valuable comments and suggestions that we have used to improve the quality of our manuscript. According to your nice suggestions, we have made extensive corrections to our previous draft. We hope that our work can be improved again and that you will be satisfied. The detailed corrections are listed below.

Comment 1: The detail of cases should be shown. At least, liver function such as Child-Pugh or ALBI grade should be shown. The status before TA regimen and treatment response with TA regimen should be shown in the Table and Figure.

Reply 1: We greatly appreciate your valuable suggestions. We added the patient's liver function Child-Pugh classification and response to treatment with the TA regimen. We hope these additions meet your satisfaction and we thank you once again.

Changes in the text: We added patient's liver function Child-Pugh classification and response to treatment with the TA regimen in table 1 (see Page 12, table 1).

Comment 2: The dose and duration of regorafenib should be shown. If modified dose was administered, authors should describe how the dose was set.

Reply 2: We deeply appreciate your valuable suggestions, which are crucial for enhancing the quality of our articles. We supplemented the dosage of regorafenib. As your suggestions, we extend our gratitude once again.

Changes in the text: We supplemented the dosage of regorafenib (see Page 5, line 87).

Comment 3: The adverse events during regorafenib should be shown.

Reply 3: Thank you for your suggestions. We added the number of adverse events that occurred in patients treated with regorafenib.

Changes in the text: We added the number of adverse events that occurred in patients treated with regorafenib (see Page 6, line 110-111,133-134 and Page 13, table 2).

Comment 4: The anti-tumor effect of regorafenib had been shown only in patients treated with sorafenib. Authors should describe it in the discussion.
Reply 4: We express our gratitude for your valuable suggestions. We have added a related discussion in the Discussion section.
Changes in the text: We added a related discussion in the Discussion section (see Page 9, line 214-218).

We sincerely hope that this revised manuscript has addressed all your comments and suggestions. We appreciated for your warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Reviewer B

I read with interest the manuscript entitled "Regorafenib for patients with progression of advanced hepatocellular carcinoma after treatment with atezolizumab plus bevacizumab: a case series".

Comment: This is a case series of 5 patients with hepatocellular carcinoma that received regorafenib after progression to atezolizumab plus bevacizumab. The authors described details of the 5 cases, regarding baseline features, treatment characteristics and clinical outcomes.

The manuscript is well structured and has a clear writing. The general landscape is relevant because there is no robust evidence on the use of second-lines after progression to atezolizumab plus bevacizumab. Also, the authors could describe with details the response pattern and the past treatment course.

On the other hand, the manuscript reported a limited number of cases even when compared to some other real-world studies with the same topic (Falette-Puisieux M et al Ther Adv Med Oncol. 2023 ;15: 17588359231189425).

Reply: We sincerely appreciate your valuable comments and suggestions that we have used to improve the quality of our manuscript. According to your nice suggestions, we have made extensive corrections to our previous draft. We hope that our work can be improved again and that you will be satisfied. The detailed corrections are listed below.

Comment 1: Overall, I would offer two suggestions: The description of dose, toxicity, dose reduction and a more detailed explanation on the treatment-related adverse events would enrich the manuscript.

Reply 1: We express our utmost gratitude for your valuable suggestions. In accordance with your advice, we have added the dosage and adverse events of regorafenib to the manuscript. We hope we have improved and satisfied you. Thank you.

Changes in the text: We have added the dosage and adverse events of regorafenib to the manuscript (see Page 5, line 87; Page 6, line 110-111,133-134 and Page 13, table 2).).

Comment 2: A description of the follow-up regarding survival and post-regorafenib drugs used.

Reply 2: Thank you for your valuable suggestions. We added the follow-up regarding survival and post-regorafenib drugs used.

Changes in the text: We added the follow-up regarding survival and post-regorafenib drugs used (see Page 13, table 2).

We sincerely hope that this revised manuscript has addressed all your comments and suggestions. We appreciated for your warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.