

## Peer Review File

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### Review comments:

Comment 1: We suggest the authors add “hemihepatectomy” in the keywords.

Reply 1: Thanks very much for your suggestion. We agree to add “hemihepatectomy” in the keywords.

Changes in the text: We added “hemihepatectomy” in the keywords. (see Page 2, line 31)

Comment 2: It's great the authors provide the main diagnosis, interventions and outcomes of the patient in the Abstract. It's also necessary to describe the patient's main symptoms, history, and follow-ups in the “Abstract-Case Description” subsection.

Reply 2: Thanks very much for your comments. We had added the patient's main symptoms, and follow-ups in the “Abstract-Case Description” subsection. Because the patient has no special past medical history, we didn't add history in the abstract.

Changes in the text: We had added the patient's main symptoms (see Page 1, line 20-21) and follow-ups (see Page 2, line 26-27) in the “Abstract-Case Description” subsection.

Comment 3: It's great the authors highlighted the unique point of this case in the Introduction. We suggest the authors specify the unique point of this manuscript based on comparison with existing evidence/similar cases. For example, the authors state in the Abstract that "several studies have reported the cases of patients with FV deficiency undergoing surgery" (lines 18-19). The authors could compare this case with the literatures.

Reply 3: Thanks very much for your suggestion. However, several studies have reported the cases of patients with FV deficiency undergoing surgery, there is no report of major hepatectomy in patients with FV deficiency so far. Therefore, we don't think it is necessary to compare with the cases without hepatectomy, but we quoted the treatment strategies of other cases in the discussion. (see Page 7, lines 151-153)

Changes in the text: No changes have been made to the text in response to this comment.

Comment 4-1:

(1) Lines 84-85: “... and insisted on immune combined targeted therapy”. Lines 112-113: “the patient resumed "Camrelizumab + Anlotinib Hydrochloride" treatment and added GemOx (Gemcitabine plus oxaliplatin) regimen chemotherapy”. Please

specify the the name, dose, and frequency of the medication.

Reply: Thanks very much for your suggestion. We will add the name, dose and frequency of drugs in the manuscript.

Changes in the text: We have modified our text as advised (see Page 4, lines 78-80 and Page 6, lines 116).

Comment 4-2:

Besides, now it's May, 2022, 1 year later since April, 2021. Is the patient still alive? Is the patient still followed-up? If yes, I strongly suggest the authors add the cutting-edge information of the patient (are there any complications or adverse events?) and highlight the potential significant overall survival in the manuscript.

Reply: Thanks very much for your kind suggestion. At present, the patient is still alive. Although the tumor recurred 3 months after operation, the patient was only treated with oral traditional Chinese medicine because she couldn't tolerate chemotherapy due to adverse reactions such as nausea and vomiting. We will add patient follow-up information to the manuscript, please review the new section in red.

Changes in the text: We have modified our text as advised (see Pages 6, lines 117-121 and Pages 9, lines 179-180).

Comment 4-3:

We suggest the authors adding a timeline. The timeline should present relevant events in the patient's history in chronological order in a figure or table, enabling the core elements of the case report standing alone. The corresponding MRI examinations Figures (comparison of pre/post-medication, pre/post-operative, and follow-up) can also be merged in the timeline.

Reply: Thanks very much for your kind suggestion. We strongly agree to add the timeline and add the MRI results to the timeline in the Figure 1. Please review the new Figure 1.

Changes in the text: We have modified our Figure 1 and text as advised (see Figure 1 and legend).

Comment 5: We suggest the authors add the detailed information about the literature review. A separate paragraph is highly suggested.

Reply 5: Thanks very much for your kind suggestion. We combined the MeSH words factor V deficiency and hepatectomy to search in the PubMed database, and only one case report was found. The content of this case report was that a 67-year-old man underwent partial hepatectomy of S3

segment for recurrent hepatocellular carcinoma and was found to be complicated with deficiency of coagulation factor II and V after operation, which is also different from the massive hepatectomy mentioned in our case. Therefore, we did not review similar cases. The above content will be added to the manuscript in a separate paragraph to illustrate the innovation of our case.

Changes in the text: We have modified our text as advised (see Pages 10, lines

202-208).

#### Comment 6

(1) It is also necessary and important to transparently discuss the LIMITATIONS of the study in the Discussion.

(2) We suggest the authors could compare with similar cases (patients with FV deficiency undergoing surgery) and discuss in details.

Reply 6: Thanks very much for your kind suggestions. We agree to add limitations of the study in the Discussion. As the suggestion to compare with similar cases, there is no report of partial hepatectomy in patients with FV deficiency so far, we don't think it is necessary to compare with the cases without hepatectomy. Our case involved major hepatectomy (laparoscopic left hemihepatectomy). Major hepatectomy will affect the synthesis of coagulation factors and the coagulation function. In addition, the lack of coagulation factor V in the patient will lead to fatal massive bleeding. However, other types of surgery may not lead to abnormal coagulation function and the operation risk will be significantly reduced, which is also the highlight of our case. Therefore, we believe that there is no strong comparability to compare with other cases.

Changes in the text: We had added the limitations of this study (see Pages 10, lines 208-213).