Curative Analysis of Patients with Hepatocellular Carcinoma using Transcatheter Arterial Chemoembolization Combined with Radiofrequency Ablation

General Recommendation: Reconsider after major corrections

Comments to Author:
as above

Title and abstract
Good

Introduction
Good

Material and Methods
1. Authors mentioned that "TACE combined with RFA treatment was divided into two situations. The first was to perform TACE treatment for the lesions decided to be treated, followed by reexamination after one month, and then RFA adjuvant therapy was used. The second was the simultaneous treatment of TACE and RFA, which means that the patient did TACE first and then performs RFA without leaving the operating room in one treatment." To my knowledge, these two situations have a different effects. RFA after TAC more than 1-2 weeks may result in loss of heat sink effect, but the lipoidal could help the physician locate the lesion more accurately. While simultaneous treatment of TACE and RFA provides the maximal heat sink effect. It would be more impressive if the authors provided the proportion of these two situations in each group (low- and high-risk groups)
2. The follow-up strategy, which the authors mention in the second paragraph of the "study design and population" section, was redundant. Please describe more concisely.
3. The endpoint of this study was "progression of the disease." Please provide the definition of the criteria of this endpoint used in this study.
4. please provide the definition used to clarify the number of RFA. For example, in a patient with 3 HCC lesions and underwent RFA of all three lesions simultaneously. What is the number of sections of RFA in this patient, one or three?

Statistical Analysis
excellent

Results
1. It would be more impressive if the authors demonstrated the treatment response after the combination of TACE and RFA according to each study group.

Discussion
1. please discuss the reason why the patients in the high-risk group had younger than those in the low-risk group.
2. As the authors mentioned that patients in the high-risk group underwent RFA in the first treatment cycle lower than those in the low-risk group. The discussion in this aspect remained vague. Please discuss the session of RFA in the first treatment cycle more concisely.

Conclusions
Good

Tables and Graphics
1. Please recheck the unit of each laboratory in the table (e.g., Albumin).
2. Figure 1 is difficult to understand.

References
General comments to the Authors

as above