Reviewer1: (AF)

Raw number remarks comments

6 potential of SAA as a biomarker The potential role of Saa : **CORRECTED**

27 (HHC), hcc **:CORRCTED**

44-45 admitted to the inpatient ward and outpatient clinics of the Faculty of Medicine and Medical What is the period of the study? : **6 MONTHS**

65-67 An ultrasound examination of the abdomen was performed to confirm the presence of cirrhosis and its degree and to rule out focal hepatic lesions. Also, Triphasic computed tomography (CT) of the liver to rule out or prove HCC (in the case of hepatic nodules detected by ultrasound). How was liver disease assessed? Like Child or MELD SCORE: **Child score**

126 HHC HCC: **corrected**

Reviewer 2: (ME)

In this article, the authors compared the SAA level between 2 groups of HCV-induced cirrhosis; one decompensated due to HCC and another with less decompensation due to lack of HCC, and they proposed SAA as a potential diagnostic marker for HCV-induced HCC among cirrhotics, I do have some concerns about the article:

1- The rationale for the study is questionable. This SAA is an acute phase reactant that is never specific to any disease : **The idea is that it here used as a predictor for new HCC development in cirrhotic patients specifically**

2—The exclusion criteria described are defective. For instance, this SAA rises with insulin—although localized—with infections. Do the authors rule out DM patients with insulin and HCV cirrhotics with infections—that are common in this category of patients? **: yes they were excluded**

3—Why do not the authors perform uni- and multivariate regression analysis to check the predictors of the rise of SAA in this cohort of patients, e.g., Age, gender, number of focal lesions, PV invasion … etc.

**Thank you for the suggestion. However, the main aim of the study was to assess the diagnostic performance of serum amyloid A (independent variable) in predicting the presence of HCC among HCV induced cirrhosis patients (outcome; dependent variable) not searching the factors affecting the increased level of serum amyloid A and this was the reason why we did not perform univariate and multivariate regression for serum amyloid A**

4- The discussion section is defective; in its current form, it is a repeat of the introduction; the authors need to discuss their results in each point to other studies

5- Are there any studies on the topic from the Egyptian literature : **currently no**

6- Many other comments in the attached work file: **revised**

7- Based on the results, do the authors recommend screening/diagnosing HCV cirrhotic patients for early diagnosis of HCC instead of AFP/us/CT protocol?

**We recommend that serum Amyloid A could be used as a predictor of HCC development in HCV cirrhotic patients but still further studies including greater number of patients is recommended**

8- check the uploaded file**.: checked**

Reviewer3:

Please respond point by point to the attached comments.

1-The type of study is incorrect.: **It is a comparative cross-sectional study we divided patients with HCV according to the presence of HCC on top of cirrhotic HCV and assess the level of serum amyloid A for both at same point of time (no direction to the past)**

2-The sample size is not accepted to be tripled. Also, you calculate the sample size for a cross-sectional study while it is a case-control study. Please provide a reasonable, accurate sample size calculation.

3-What is the sampling technique?

**Thank you for your concern, however, the sample size was calculated based on serum level of serum amyloid A in another reference mentioned in the manuscript. The minimum sample size was 64 patients (34 patients in each group) not a total of 34 patients (17 in each group). We clearly wrote the sample size was 34 patients in each group, and we raised it to be 45 patients in each group (giving a total of 90 patients). For the design, The study is not a case control study. It is a comparative cross-sectional study we divided patients with HCV according to the presence of HCC on top of cirrhotic HCV and assess the level of serum amyloid A for both at same point of time (no direction to the past)**

4-Add test value or asterixis referring to the type of test used.: **added**

5-Add correlation between SAA and tumor-specific criteria: **Thank you for your suggestion , however a correlation was done which showed to be non-significant with all the parameters of the tumor including tumor size – no of lesions – portal vein thrombosis**

Check the uploaded file.: **checked**