Author’s response to reviews

Title: Retrospective analysis of the immunogenic effects of intra-arterial locoregional therapies in hepatocellular carcinoma: A rationale for combining selective internal radiation therapy (SIRT and immunotherapy

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Corrections for the manuscript BCAN-D-19-00648:
Specific answers to reviewers’ comments (2):
In the new version, the modified sections are indicated in red.

Reviewer 1

1. The authors described an important phenomenon of recruitment of immune cells in tumors after SIRT treatment. However, this work was only about what happened in HCC after SIRT treatment and was not correlated with any immunotherapy. Therefore, the conclusion of the study was over-interpreted.

Answer:
The conclusion has been amended;
In the abstract, conclusions section (page 3, line 53)

The sentence: “SIRT significantly enhances HCC immunogenicity, promoting the recruitment/activation of intra-tumor effector-type immune cells …” has been replaced by: “SIRT significantly promotes recruitment/activation of intra-tumor effector-type immune cells compared to TACE or no preoperative treatment”.

In the manuscript, conclusion section (page 15, line 322):
The section: “These results should be interpreted cautiously due to the limited number of patients and the retrospective nature of the study. However, together with recent observations [38, 46], these results suggest that the combination of SIRT with immunotherapy, such as checkpoint blockade or dual checkpoint blockade, may represent a new therapeutic strategy for treatment of HCC, either in a preoperative setting, before PH or RF, or for palliation in patients not amenable to curative-intent treatment” have been replaced by: “These results should be interpreted cautiously due to the limited number of patients and the retrospective nature of the study. Furthermore, as TILs in SIRT-treated patients have not been functionally investigated, and as no immunotherapy was given in these patients, the real immunogenic effect and potential synergy with checkpoint inhibitors or other immunomodulators remain to be verified. Yet, together with recent observations [38, 46], our results suggest that the combination of SIRT with immunotherapy, such as checkpoint blockade or dual checkpoint blockade, may represent an attractive therapeutic strategy for treatment of HCC, either in a preoperative setting, before PH or RF, or for palliation in patients not amenable to curative-intent treatment”.

Reviewer 2:

No correction requested.
Peer reviewer comments:
Similar changes have been made in the conclusion of the abstract and main manuscript.