

July 17, 2014

Dear Dr. Yuan Qi,

Science Editor of the World Journal of Gastroenterology,

Please find enclosed the edited manuscript in Word format (file name: AMEpc3161_locked for submission.doc), the AmEditor certificate and the copyright assignment.

Title: Association of nonalcoholic fatty liver disease and liver cancer

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The manuscript has been improved according to the suggestions of the science editor and the reviewers:

1 Format has been updated and English language was reviewed and corrected with the help of the English language editing company AmEditor.

2 References and typesetting were corrected, and included both PMID and DOI.

3 Revision has been made according to the suggestions of the reviewers:

Reviewer 1

Thank you very much for your comments and suggestions. Really, the incidence of patients with steatosis and fibrosis were few. It reflects the real incidence of this disease and its evolution. We apologize and as a prospective study, we started to collect all patients with liver tumors to include in a next study. All the issues pointed in the manuscript were fixed.

Reference 1 was really wrong and was changed to: 1. Marchesini G, Babini M. Non-alcoholic fatty liver disease and the metabolic syndrome. *Minerva Cardioangiol.* 2006;54(2):229-239.

About the NAFLD classification: different histological classifications have been proposed for diagnosing and staging NAFLD, but the most scientifically accepted are: the proposal for histological staging of NASH developed by Brunt et al (1999) and later the grading system for the diagnosis of NAFLD, designed and validated by the Pathology Committee of the Clinical Research group in alcoholic steatohepatitis (Kleiner et al, 2005). The classification of Brunt is quite effective for the diagnosis and staging of NASH but was not designed to evaluate the entire spectrum of NAFLD (Brunt et al, 1999) and this was complemented by histological evaluation of Kleiner et al (2005) system with Brunt is one of the authors, and is defined by the unweight sum of the scores for steatosis (0-3), lobular inflammation (0-3) and ballooning (0-2), ranging from 0 to 8. Fibrosis not was included as a component of inflammatory activity, as it is

less reversible and usually considered as a result of disease activity and this decoupling your review for inflammation enables graduating both NASH as chronic hepatitis in general.

Reviewer 2

Thank you for your comments. Other papers related studies similar to ours; we think our results should also be presented to help form a more consistent review of the association of nonalcoholic fatty liver disease and liver cancer. English language was reviewed and corrected.

Reviewer 3

Thank you very much for your comments.

Thank you again for considering our manuscript for publishing in the *World Journal of Gastroenterology*.

Sincerely yours,

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