Editor's comments:

1. A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study's design, interpretation of it results or presentation of its scientific/medical content, the BPG requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual, or religious interests) in the title page that are related to the work submitted for consideration of publication. In addition, reviewers are required to indicate any potential conflicting interests they might have related to any particular paper they are asked to review, and a copy of signed statement should be provided to the BPG in PDF format.

Response: This has been added.

2. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.

Response: This has been added.

3. Please put the reference numbers in square brackets in superscript. Please check across the text.

Response: This has been revised.

4. Would you please provide the decomposable figure, whose parts are movable and words can be edited.

Response: This has been provided.

5. Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Pleased provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed
http://www.crossref.org/SimpleTextQuery/
, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.

Such as: 1 **Nayak S**, Rath S, Kar BR. Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. Ophthal Plast Reconstr Surg 2011: e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]

Response: This has been revised.

6. Ref 87 is repeated with ref 84, please correct it. Thank you!
Response: This has been corrected, thanks.

7. Ref 93 is repeated with ref 84, please correct it. Thank you!
Response: This has been corrected, thanks.

8. Ref 107 is repeated with ref 82, please correct it. Thank you!
Response: This has been corrected, thanks.

9. Ref 108 is repeated with ref 10, please correct it. Thank you!
Response: This has been corrected, thanks.

Reviewer 1

This is a comprehensive and well-written review.

Response: Thanks.

Reviewer 2

Despite some small spelling mistakes, this paper interpreted a comprehensive review on the role of adipose tissue in the progression of alcoholic liver disease.

Response: Thanks. All spelling mistakes have been corrected.

Reviewer 3

This is a well-structured review of a complex aspect of alcoholism, well organized and clearly exposed. There are a few typographical errors (for instance, page 4, 2nd paragraph).

Response: Thanks. All typo errors have been corrected.

Reviewer 4

- Pathogenesis section: the progression of the disease is continue. I sugegst to utilize a different stile, in wich the different phases are not separated (steatosis, steato-hepatitis...) but following in line with the natural history of the disease. - Recently, pre-clinical and clinical studies showed that alcohol consumption affects amount and composition of gut microbiota. Moreover, gut flora plays an important role in the pathogenesis of alcoholic liver injury. The role of the microbiota was not reported by the Author. - Was been reported in literature, that adipokine serum levels (i.e. leptin,

adiponectin, resistin, visfatin) are changed in course of alcoholic liver disease. These data can be linked with the anthropometric changes, and in particular with the increase of central fat mass, related to empty calories from alcohol abuse. - Many double spaces are present in the text

Response: we completely agree with the reviewer's points. The progression of the disease is continuous and the different phases can't be clearly separated clinically. In this review, we separated them into three sections to make the manuscript more understandable, especially for those readers who are not in the field. In terms of the potential effect of gut microbiota on adipose tissue function in the setting of chronic alcohol consumption, we think the reviewer's hypothesis is rational, however, we couldn't find strong evidence to support it.

Reviewer 5

Wang et al. try to review adipose tissue-liver axis in alcoholic liver disease. They finally found the fact that aberrant methionine metabolism by chronic ethanol consumption may induce alcohol-induced adipose tissue dysfunction which, in turn, may aggravate alcoholic liver injury. This review is interesting and worthy for publication in WJG. Only one minor comment is listed below. Minor comment 1. Page 20, 21. Citation No. 81 and No. 93 are same. Omit No. 93 and re-number the rest.

Response: Thanks. These have been corrected.

Reviewer 6

In the manuscript entitled "Adipose Tissue-Liver Axis in Alcoholic Liver Disease " submitted by Zhao et al., the authors present a well-researched review of ALD. In general, this is a well-written summary of much of the available knowledge as many important works are included in this paper. This review seems impressive and should be of interest to readers of the field. However, I have some minor concerns and suggest for revision. In the last sentence in the 1st paragraph, "it (ALD) ranks among the major causes of morbidity and mortality in the world, and affects millions of patients worldwide each year". This point is wildly recognized as a common sense and authors did not present the accurate epidemic data. Therefore, it is not necessary to cite an article which was published in 1998 here. In the first part of this review, authors mean to discuss the mechanisms whereby chronic alcohol exposure contributed to adipose tissue dysfunction. In the section, "Adipose tissue regulates whole body lipid homeostasis", they used almost 400 words and cited 18 articles to describe the roles of adipose tissue under physiological conditions, as well as, adiponectin production in obesity-related non-alcoholic fatty liver (NAFLD), in the 5th paragraph. As far as I am concerned, this section is beyond the core objective of the review "Adipose Tissue-Liver Axis in Alcoholic Liver Disease", and should be shortened to some extent.

Response: We appreciate the reviewer's constructive comment. Correspondingly, the reference has been moved and the section has been shorted.