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Title: Combined ARFI and APRI assessment shows enhanced diagnostic accuracy than ARFI, APRI and Forns index method for non-invasive hepatic significant fibrosis grading in hepatitis B patients

COMMENTS TO AUTHORS

As above

Answer: Thanks for the review!

COMMENTS TO AUTHORS

This is a good attempt by Dong et al to compare ARFI, APRI and Forns to determine fibrosis stage in chronic HBV patients. As these are not new techniques for fibrosis evaluation and they wanted to establish that combination of ARFI/ APRI and ARFI/ Forns as better non-invasive technique, they should consider transient elastography (TE) data of same patients.

Answer: Thank you for your professional review! Due to the time limit, we did not include the TE data in the current manuscript, which will be performed in our following studies.

COMMENTS TO AUTHORS

This paper is well written and addresses a very important point in the assessment of patients with chronic HBV hepatitis. My only comment is that the inclusion criteria specified a liver biopsy sample greater than 20 mm in length but the liver biopsy and staging section states that the samples were 15-20 mm in length. So many of the biopsies would not have been acceptable. This needs to be cleared up.

Answer: Thank you for your comment! The original standard we set was ≥ 20 mm in length. But during the performance of survey, we collected some samples had 15-20 mm in length. Our pathologists considered that those samples could reflect the accurate fibrotic grading. Thus, we modified the criteria as greater than 15 mm. We made a mistake in the original version of this manuscript, which has been corrected.