

Editor-in-Chief, *World Journal of Gastroenterology*

Dear Editor-in-Chief

I sincerely appreciated the reviewers' comments based on their expertise. In the revised version, I proofread along with each comment as shown in the below as a point-by-point response and indicate the correction in red in the revised version.

I hope you find that the revised version is now suitable for publication in your prestige journal, *World Journal of Gastroenterology*.

Sincerely,

A point-by-point response to the Reviewers' comments:

Reviewer 1:

1. I read this manuscript and I think that the paper is good and well written.  
→ Thank you for your encouraging comment.

Reviewer 2:

1. Introduction section: please indicate in this section, the exact explanation of the acronym SWS.  
→ According to the reviewer's comment, I put a full spelling of SWS, shear wave speed, at the first appearance of SWS in the introduction section.
2. I suggest also to report here the cut-off of SWS in different liver disease degrees.  
→ We appreciate the reviewer's comment. This manuscript does not investigate shear wave speed in terms of any cut-off value. In this manuscript, rather we focused on the consistency of the value especially among measuring locations in the liver. I believe that the information in association with cut-off value of SWS is redundant in this manuscript.
3. Methods section: why the Author do not made a control in this patients with another non-invasive tool to analyze liver damage, as a transient elastography?  
→ Thank you for your thoughtful comment. Our main purpose of this study is to find a minimal number of SWS measurements in the liver to get consistent results in SWS measurements. Aiming at this goal, we employed a heterogeneity of SWS in the liver as a measure of methodological consistency. A minimal number of SWS measurement showing no statistically significant difference in residual sum of squarer was considered to surrogate the technical consistency. In this way, it is inevitable to measure SWS at multiple sites in the liver. Unfortunately, however, a transient elastography would not be applied to multiple sites in the

liver. In general, it is solely applied to a thick area of the liver, usually the right lobe through the intercostal space. Therefore, we did not utilize a transient elastography in this study.

4. Results section: It is necessary to stratify the patients on the basis of different liver disease, as a ALD, NAFLD, HCV. In fact, different etiologies of damage, produce in the liver a different distribution of fibrosis and/or fat accumulation, congestion, inflammatory cells presence. To other hand, if the studied patients are affected only by NAFLD, please explain better in the text.  
→ We appreciate the reviewer's insightful comment. We completely agree that the livers suffering from different etiologies show the architectural difference. In practice, however, we would perform SWS measurements without descript diagnosis. The value would be measured, when a patient takes a first screening examination of ultrasound for his/her liver damage. The standard procedure of SWS measurement should be defined not separately for each liver disease but uniformly for various chronic liver diseases. From the point of this view, we did not take into account the difference of background liver diseases.