

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Reviewers' comments Reference No: 61171 Title: Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Population Comments: Gallstones and cholecystectomy have been proposed as risk factors for non-alcoholic fatty liver disease. The reason for this may be that both gallstones, as well as non-alcoholic fatty liver disease, share several risk factors with regards to their development. Currently, there is a lack of sufficient evidence showing an association between these clinical conditions. The study is aimed to determine whether there is a meaningful association between gallstones and cholecystectomy with non-alcoholic fatty liver disease. The authors queried the National Inpatient Sample (NIS) database for the years 2016 and 2017 using International Classification of Diseases, 10th revision, Clinical Modification diagnosis codes to identify hospitalizations with a diagnosis of gallstone disease (includes calculus of gallbladder without cholecystitis without obstruction and acquired absence of gallbladder) as well as non-alcoholic fatty liver disease (includes simple fatty liver and non-alcoholic steatohepatitis). Results showed that out of 14,294,784 hospitalizations in 2016-2017, 159,259 were found to have non-alcoholic fatty liver disease. The prevalence of non-alcoholic fatty liver disease was 3.3% in patients with gallstone disease and 1% in those without. Non-alcoholic fatty liver disease was prevalent in 64.3% of women with gallstone disease as compared to 35.7% of men with gallstone disease. After controlling for various confounders associated with non-alcoholic fatty liver disease and gallstone disease, multivariate-adjusted analysis showed that there was an association between non-alcoholic fatty liver disease with gallstones [OR=6.32; 95% confidence interval (CI): 6.15-6.48] as well as cholecystectomy (OR=1.97; 95% CI: 1.93-2.01). The association between non-alcoholic fatty liver disease and gallstones was stronger in men (OR=6.67; 95% CI: 6.42-6.93) than women (OR=6.05; 95% CI: 5.83-6.27). The association between non-alcoholic fatty liver disease with cholecystectomy was stronger in women (OR=2.01; 95% CI: 1.96 - 2.06) than men (OR=1.85; 95% CI: 1.79-1.92). P-value was less than 0.001 for all comparisons. The data above suggest that non-alcoholic fatty liver disease is more prevalent in women with gallstone disease than men. The association between non-alcoholic fatty liver disease and cholecystectomy/gallstones indicates that they may be risk factors for non-alcoholic fatty liver disease. It is a topic of interest to the researchers in the related areas but the paper needs minor improvements before acceptance for publication. My detailed comments are as follows: 1. the introduction, materials and methods in the paper work well, especially using the codes K76.0 (simple fatty liver), K75.81 (non-alcoholic steatohepatitis {NASH}), using the codes K80.20 (calculus of gallbladder without cholecystitis without obstruction) and Z90.49 (acquired absence of gallbladder). 2. Results are good, but the part of discussion is not well discussed combined with results and references and should make some modifications. 3. The language is not fluent, suggesting that it should be edited by an English native editor. 4. The few of references are not up-to-date, references of the last 10 years should be cited, please cite last 10-year references, especially references for the last 5 years. Please make minor revisions, especially in the part of discussion, references and language editing. After making minor revisions, the paper may be considered for publication.

Response: Thank you for taking the time to review our manuscript, we very much appreciate your recommendations and feel that they have helped us to create a better paper. We have made changes to discussion, including performing a thorough language revision. In addition, we have replaced as many references as possible with those with the past ten years. Currently, 34/35 references are within the last ten years, and there are no references from earlier than 2009.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. Make correction from the title "Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. " to "Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Hospitalized Hospital." 2. The limitation of the study is "this study was not performed in general population".

Response: The title has been changed to Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Hospitalized Patient Population. The suggested limitation has been added to the paper. Thank you so much!

(1) Science editor: 1 Scientific quality: The manuscript describes a retrospective study of the association of non-alcoholic fatty liver disease with gallstone disease in the U.S. population. The topic is within the scope of the WJGP. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors reported an interesting topic. The introduction, materials and methods in the paper work well. However, the title should be revised. The questions raised by the reviewers should be answered; and (3) Format: There are 2 tables. A total of 35 references are cited, including 7 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B and Grade A. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. The authors should provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the Bing search. However, the highest single-source similarity index showed to be 6% in the CrossCheck report. The authors need to rephrase the repeated parts. According to our policy, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJGP. 5 Issues raised: The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Response: Thank you for reviewing our manuscript. We have reviewed the peer reviewer comments and have made changes accordingly. In addition, we have updated the language and references, as described above. We have provided the signed Conflict of Interest Disclosure form as well as the Copyright License Agreement.

Further, we would be happy to fix the similarity index, however, we do not have access to the CrossCheck report and are unable to see which parts need revision. If you would be able to assist in anyway, we would be happy to make these changes.

Lastly, "Article Highlights" section has been added. Thank you so much!