Dear editor and Reviewer,

We would like to thank the reviewer for thoroughly reviewing our manuscript entitled "The validation of conventional non-invasive fibrosis scoring systems in patients with metabolic associated fatty liver disease"(Manuscript ID: 62330). We acknowledge the editor's and reviewer's comments and constructive suggestions very much. We hope, with these modifications and improvements based on your suggestions and the reviewer's comments, the quality of our manuscript would meet the publication standard of World Journal of Gastroenterology.

Yours sincerely,

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Here are our point-by-point response to the reviewer's comments:

Reviewer 02942437：
Comments on the manuscript: The authors evaluated the diagnostic performance of FIB-4, NFS, APRI and BARD in patients with MAFLD. Furthermore, the subgroup analysis was performed in HBV-MAFLD group and pure MAFLD group. It is especially interesting that the subjects were divided into HBV-MAFLD and pure MAFLD.

1. Why were the AUROC of FIB-4, NFS and APRI higher in HBV-MAFLD group than in pure MAFLD group? The authors should discuss in this point.

Response: The formulas of FIB-4, NFS and APRI include the parameters of platelet, AST and/or ALT. In this cohort, most HBV infected cases were proved to have

chronic hepatitis B. AST and ALT were higher while platelet were lower in HBV-MAFLD group than in pure MAFLD group, which has been reported in our previous published paper.(Wang MF, Wan B, Wu YL, et al. Clinic-pathological features of metabolic associated fatty liver disease with hepatitis B virus infection[J]. World J Gastroenterol, 2021, 27(4): 336-344.) This is not surprising because HBV-MAFLD patient may have dual hits and have more severe liver injury. We speculate that the higher expression of ALT, AST and lower platelet makes final scores of the non-invasive model in HBV-MAFLD higher than pure MAFLD and easier to discriminate the advance fibrosis. Finally, in our text, we have also raised this point: As MAFLD is a new entity, this result further reinforces the need to develop and validate novel scoring systems for fibrosis in MAFLD population.

2. Did the HBV-MAFLD subjects have chronic hepatitis or inactive carrier? receive nucleosides analogue treatment? This point will affect the results of this study.

Response: We thank the reviewer for raising this valuable comment. All patients were treatment-naïve and didn't receive nucleosides analogue treatment before biopsy. Liver histological examination showed that 272 (76%) HBV-MAFLD patients had significant inflammation (grade ≥2). Antiviral therapy was initiated when chronic hepatitis B was diagnosed with the presence of significant inflammation (grade ≥2) or significant liver fibrosis (stage ≥2).Thus the antiviral therapy would not affect current study. We had added the above information in the revised manuscript and highlighted in red.