

Reviewer #1:

Specific Comments to Authors:

1. The authors stated that ICD-9 is one of the 'diagnostic modalities' for NAFLD (reference 14); however, liver ultrasound, liver chemistry, and liver biopsy are always behind a physician's decision to obtain the diagnosis of NAFLD, please clarify this issue.

**Response: We apologize for the confusion. We did not mean to state that ICD-9 is one of the "diagnostic modalities" for NAFLD. Our intention was to state the various non-invasive modality for diagnosis of NAFLD that has been used in various studies as well as those studies that included ICD-9 for capturing patients with a diagnosis of NAFLD. We have corrected our text to make it clearer.**

**The majority of the studies established diagnosis of NAFLD via abdominal ultrasound, liver enzyme elevation (including serum gamma-glutamyl transferase [GGT] elevation), or using International Classification of Disease-9 (ICD-9) code.**

2. The study population in reference 79 is Chinese instead of Taiwanese.

**Response: We have revised the manuscript to reflect the above**

3. Please revise the titles for table 2 and table 3 since they address different issues.

**Response: We have incorporated the above revision. The title of Table 3 is: Table 3: "Summary of Studies Assessing Non-Invasive Scoring Systems for Advanced Fibrosis to assess risk for CKD in patients with NAFLD"**

4. Give necessary full name to each abbreviation for table 3.

**Response: Thank you. We have incorporated the appropriate revision. Table 3 abbreviations now includes the following: "Abbreviations: NFS, NAFLD Fibrosis Score; FIB-4, Fibrosis-4 Index; APRI, AST to Platelet Ratio Index; FLI, Fatty Liver Index; CKD, Chronic Kidney Disease; eGFR, estimated glomerular filtration rate; AUC, area under the curve; RF, risk factor"**

5. Modify figure 3 to a formal style for the journal because it looks like a lecture slide. Delete 'Take-Home Messages' and provide the recommended surveillance intervals if available.

**Response: This recommendation has been incorporated. We have removed the phrase "Take Home Messages" from our figure legend and have changed the first subsection from "Who's at Risk? Patients with..." to "Risk Factors" so as to relay our message in a formal fashion. Unfortunately, surveillance intervals are not available and therefore, we have not included them in our figure.**

6. Can 'hypothyroid' put in 'risk' list in figure 3?

**Response: The above recommendation has been incorporated. "Hypothyroidism has been added to the "Risk Factors" subsection. The association has already been described in the manuscript.**

Reviewer #2:

Specific Comments to Authors:

1. The manuscript should focus on the association of NAFLD with CKD and refine the uncorrelated contents.

**Response: Thank you for the recommendation. We feel we have made an honest effort in providing evidence suggesting an association of NAFLD and CKD. We will be happy modify our discussion if reviewer has any specific concerns.**

2. It is suggested to update references and provide current information such as liver-kidney axis.

**Response: Appropriate changes were made to the texts.**

Editor-In-Chief:

5 Issues raised:

- (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor

**Response: We have created the requested PowerPoint file and will attach it along with the revised manuscript. Regarding figures 1 and 2, these files are very large, and thus, cannot be shared in a PowerPoint file. Therefore, if any changes need to be made to the figure for final publication, we can accommodate these changes and re-send the figures. Figure 3 will also be included in this PowerPoint file and will be an editable figure for the editors to change as they see fit for publication.**

- (2) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

**Response: We have added PMID, DOI, and all authors names (boldened, as per guidelines) and removed "et al" from our references.**

(3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

**Response: We have reviewed our manuscript and ensure that the references are appropriately numbered, using Arabic numerals. We have changed the in-text citations to the above format.**