

To
Editorial Board of
World Journal of Gastroenterology

Vienna, March 11th, 2021

RE: WJG-63118-R1:
Individualized Treatment Options for Patients with Non-Cirrhotic and Cirrhotic Liver Disease

Dear Editorial Board of WJG,

We would like to thank the editors and the reviewers for their prompt and detailed review of our manuscript, and for providing excellent suggestions. We are grateful for the opportunity to submit a revised version of our manuscript. We have implemented all suggestions and revised the article.

The most important changes can be summarized as following:

- We included a recently published study on the effectiveness of semaglutide for weight loss in obese patients to present state-of-the-art research that is highly relevant for the treatment of cirrhotic and non-cirrhotic patients with liver disease.
- We added the requested section “Author’s perspective” to further enrich the review, as encouraged by the reviewer.
- We critically revised and meticulously checked the manuscript for language, spelling and grammatical errors.

Below you will find a point-by-point response to the editor’s and reviewers’ comments as well as a revised version of our review [in blue](#).

Please do not hesitate to contact us if any further questions arise. We are looking forward to your evaluation of our revised review article.

Kind regards,

Dr. Lukas HARTL and Dr. Lukas UNGER, PhD
on behalf of the co-authors.

POINT-BY-POINT RESPONSE

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

We have, once again, critically revised the manuscript. As the manuscript is drafted and critically revised by native speakers, we are confident that we have resolved all issues regarding grammar/language.

EDITORIAL OFFICE'S COMMENTS

(1) *Science editor:*

1 Scientific quality: The manuscript describes a Review of the individualized treatment options for patients with non-cirrhotic and cirrhotic liver disease. The topic is within the scope of the WJG.

We thank the editor for his assessment and are pleased to have met the WJG's standards.

2) Summary of the Peer-Review Report: The review is comprehensive and interesting. However, the article has to include "perspective" that can further enrich the content. The questions raised by the reviewers should be answered;

We thank the reviewer for her/his assessment of and are pleased that she/he found it comprehensive and interesting.

We fully agree that a brief "perspective" section further enhances the review and have added this to our manuscript. The following changes were implemented in the revised manuscript:

"AUTHOR'S PERSPECTIVE"

MAFLD/NASH is a complex disease entity that poses challenges for clinical practice and requires interdisciplinary management for optimal patient care. In recent years, several novel concepts have been established, and bariatric surgery has been proven to be an effective treatment option. Additionally, recent trial results suggest that novel therapeutics, or repurposed drugs, may be effective to improve MAFLD or achieve sustainable weight loss and potentially secondary improvement of MAFLD/NASH. Thus, the multifactorial nature of the disease and the interconnectedness of different aspects require up-to-date knowledge, especially as more therapeutics will likely become available. These

developments require an individualized treatment plan and should be based on patient's preferences, as compliance is of utmost importance.

In patients with advanced chronic liver disease or end-stage NASH, eligibility assessment for LT should be conducted in due time. Once patients undergo orthotopic LT, metabolic comorbidities should be closely monitored and adequately treated. In the future, the special metabolic vulnerability of LT patients will become even more relevant, as NASH as indication of LT is rapidly increasing, emphasizing the importance of future trials in this special patient population."

(4) References: A total of 151 references are cited, including 33 references published in the last 3 years; (5) Self-cited references: There are 7 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

As the self-citation rate of our manuscript is far below 10% (7/152; 4.6%) and no further citations were suggested by the reviewers, we consider the reference list to be adequate for publication. In the revised manuscript, we have added one additional reference, a paper published in the New England Journal of Medicine, as it is highly relevant to the topic.

2 Language evaluation: Classification: Grade A. The authors are native English speakers.

We thank the editorial board for this classification.

3 Academic norms and rules: No academic misconduct was found in the Bing search.

Our work is original and does not violate any academic standards.

4 Supplementary comments: This is an invited manuscript. The study was supported by Austrian Science Fund FWF and Wellcome Trust PhD Fellowship for Clinicians. The topic has not previously been published in the WJG. 5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

We apologize for not including the approval documents in the initial submission. We have now added the respective proof from our scholarships/funding agencies:

Joshua Elias: <https://www.repository.cam.ac.uk/handle/1810/314915>

Lukas W. Unger: <https://pf.fwf.ac.at/en/research-in-practice/project-finder/47951>

The authors did not provide original pictures. 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;

We are now providing figure 1 as original figure document in .pptx format. The respective file has been added to the resubmitted documents.

and (3) PMID and DOI numbers are missing 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.

We apologize for not including PMID and DOI numbers in the initial submission and have now double-checked the reference list to conform with WJG's guidelines.

Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Again, we thank the editor-in-chief and his editorial team for this encouraging evaluation and hope to have resolved all remaining minor issues in the revised version of our manuscript.