

Dear Associate Editor,

Thank you for sending me the reviewer's suggestions. I agree with the suggested comments and revised the paper accordingly. Below please find the reply to reviewers:

1. Only 38 references are included in this review, which is obviously not enough.

Reply: Thank you for your consideration. Our manuscript is submitted as a mini-review. This is a novel topic, so the related articles are not very much. We retrieved two recently published studies and added to the draft.

2. The deconstruction is confusing, such as [Does the severity of NAFLD histology further increase CVD mortality risk?] affects the fluency of manuscripts.

Reply: Thank you for the suggestion. We revised the subtitles in the draft.

3. The content of this paper does not tell readers clearly how to cooperate between the two disciplines, but more describes the relationship between the diseases, which is not consistent with the theme.

Reply: Thank you for recommendation. As previously mentioned, there is paucity of literature regarding this topic. We wanted to emphasize the relationship between NAFLD and CVD, and suggest the importance of hepatologist and cardiologist collaboration in detecting and appropriate team work regarding the management to reduce the overall mortality and morbidity (including heart and liver related mortality). The evidence based data that we could retrieve from database, regarding this topic is expressed in the "core tip" section: The diagnosis of NAFLD deserves a thoughtful cardiovascular risk assessment and evaluation for subclinical atherosclerosis to prevent CVD morbidity/mortality. In Patients with NASH-related cirrhosis undergoing liver transplantation, screening for significant CVD should be done by stress echocardiography and CT coronary angiography. Recommendation for screening in asymptomatic NAFLD without significant fibrosis is not clear. The basis of NAFLD prevention and treatment is lifestyle modifications, while concomitant cardiovascular risk factors should be targeted.

4. The range of CVD is large, and the manuscript does not clearly describe the relationship between different types of CVD and NAFLD, as well as how to carry out cooperation, which only describes part of the role of markers is lack of innovation.

Reply: Thank you for kind consideration. You are absolutely right. But as we explained the data regarding the different types of CVD in NAFLD were not found. The total group of CVD patients was referred in the published studies. The future direction would be to classify the CVD patients and find separate recommendations in different types of CVD.

All the best,

Raika Jamali

Gastroenterologist and Hepatologist

Digestive Disease Research Institute, Tehran University of Medical Sciences, Tehran, Iran.