

Dear Editor-in-chief and reviewers,

At the outset, we thank you for the valuable inputs and suggestions concerning our manuscript, titled “Non-Alcoholic fatty liver disease in Diabetes: When to refer to the Hepatologist?” (Manuscript no. 68262). Please find below our response to the reviewer comments and the actions that were taken for revision of the manuscript.

**Reviewer#1:**

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This manuscript presented a comprehensive summary of the correlation between NAFLD and diabetes. However, I have certain concerns. 1.The major contents of the manuscript focus on the pathogenesis of NAFLD. However, based on authors' title, I assumed that this study should focus on the presentations of NAFLD in diabetes and corresponding clinical significance. 2.Authors mainly discussed how NAFLD was evaluated, but ignored the background of diabetes. What's the difference between screening of NAFLD in diabetes and natural individuals?

**Reply to Reviewer#1:**

*Concern # 1-* Focus on the pathogenesis of NAFLD in Diabetes

*Response:*

The aim of this article is to stress upon the propensity for diabetics with NAFLD to develop more severe forms of liver diseases, and the need to recognize this and proceed towards providing a stitch in time.

Further, besides explaining in detail how NAFLD must be screened in Diabetes along with proposing a screening protocol after reviewing societal guidelines, we have also elaborated the pathogenesis of NAFLD in Diabetes and vice versa in the article. This was done as we wanted to emphasize on the fact that understanding of underlying disease mechanisms holds immense importance in not only early detection but timely institution of corrective measures. It is only when a physician understands how NAFLD and Diabetes are closely interlinked, that he can identify the disease in early stages and refer the patient to a hepatologist in time, before development of serious complications.

*Concern # 2- Authors ignored the background of Diabetes in evaluating NAFLD patients*

*Response:*

We beg to differ.

Initially we have focussed on how the background diabetes makes these patients more susceptible to adverse outcomes. This was necessary to justify the screening, and the title of the article.

In this article, under the heading “Evaluation of Diabetes with NAFLD”, we have discussed in great details about the earlier European guidelines and the more recent ADA guidelines (2020) for screening of NAFLD in Diabetes along with various other studies to highlight the ambiguity that exists with respect to not only the tests that need to be applied first but also suitable cut-off values. We did not compare screening of NAFLD in Diabetics vs Non-Diabetics as the purpose of this article is to provide clear guidance to primary care physicians and endocrinologists treating Diabetes in deciding when their patient must be referred to the hepatologist.

**Reviewer#2:**

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: It is an interesting review article focusing on the critical role of primary care physicians and endocrinologists in identification of non-alcoholic fatty liver disease in diabetic patients in its early stages and the role of aggressive screening for prompt referral to hepatologists, thereby attenuating the development of more severe forms of non-alcoholic steatohepatitis including liver cirrhosis and hepatocellular carcinoma. The manuscript is well-written in English and includes one table and two figures. The content is directly relevant to the clinical application. Only minor revision to correct typographical errors is needed. Abbreviations in this article should be revised or added in this manuscript and table/figures as follows. 1.In Introduction, non-alcoholic steatohepatitis (NASH), not steatohepatitis. 2.In Table 1, FIB-4: fibrosis 4 score, not Fib-4. 3.In Figure 1, FFA: free fatty acid, NAFLD: non-alcoholic fatty liver disease. 4.In Figure 2, ALT: alanine aminotransferase, AST: aspartate aminotransferase, FIB-4: fibrosis 4 score, FLI: fatty liver index, LFT: liver function test, LSM: liver stiffness measurement.

## **Reply to Reviewer#2:**

We have incorporated all the changes suggested by you in the manuscript.

### **Science Editor**

Specific comments:

1. *Scientific quality*: The manuscript describes a minireview of the identification of NAFLD in diabetics in early stages. The topic is within the scope of the World Journal of Diabetes.

(1) Classification: One Grade B, One Grade D; (2) Summary of the Peer-Review Report: This review was written and summarized the latest findings about identification of NAFLD in diabetics in early stages. The manuscript is well-written in English. The content is directly relevant to the clinical application. The questions raised by the reviewers should be answered; (3) Format: There are 1 table and 2 Figures; (4) References: A total of 107 references are cited, including 25 references published in the last 3 years; (5) Self-cited references: There are 1 self-cited references. (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](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2. *Language evaluation*: Classification: One Grade A and One Grade B. Please provide the Non-native speakers of English editing certificate type (Provided by language editing company or English experts)

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

4. *Supplementary comments*: This is an invited manuscript. The study didn't receive any funding. This study have no conflict of interest. The topic has not previously been published in the World Journal of Diabetes.

5. *Issues raised*: (1) The language classification is Grade B. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>; (2) The "Author Contributions" section is missing. Please provide the author contributions; (3) Written of core tip are not more than 100 words.

Recommendation: Conditional acceptance.

**Reply to the Science Editor:**

We thank you for reviewing this manuscript which has been authored, proof-read and further revised by an expert in English language. As per your suggestion, we have added the “Author Contributions” section and the core tip is now more than 100 words.

**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 Diabetes, 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.

*We thank you, in advance, for conditionally accepting this manuscript for publication.*

Should there be any questions, please feel free to contact me directly.

On behalf of all authors,

Sincerely,

Prof. Dr Shivaram P Singh  
Professor and Head of the Department  
Department of Gastroenterology  
SCB Medical college  
Cuttack, Odisha 753007  
India  
Email: [scb\\_gastro\\_dept@hotmail.com](mailto:scb_gastro_dept@hotmail.com)  
Ph- +919437578857