

Dear Editors and Reviewers,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. Please find attached a revised version of our manuscript originally entitled "Focal Adhesion Kinase-Related Non-Kinase Ameliorates Liver Fibrosis by Inhibiting Aerobic Glycolysis via the FAK/Ras/c-myc/ENO1 Pathway, (Manuscript NO.: 69859, Basic Study)" which was submitted to *World Journal of Gastroenterology*.

We have studied the reviewers' comments carefully and we think they were highly insightful and enabled us to greatly improve the quality of our manuscript.

Reviewer #1

We've made some revision of the incorrectness and structure and format of the manuscript according to the reviewers' comments. Revisions in the manuscript are shown as red words in the text.

1 **Abstract - The abstract should be rewritten and focus on the main findings. It is too long.**

*In accordance with the first comments, the abstract has been shortened to 248 words mainly demonstrating the crucial findings of the study.*

2 **Materials and Methods - The approval number of the Ethics Committee should be added. How many mice were used for each time point and each group? - The authors should provide the origin of chemicals (ex., pronase, collagenase) and the name of chemical for density gradient centrifugation - On page 10, the authors should clarify the origin of HSCs. - The author should provide the origin and isotype of the antibodies. - Why did the author choose 2 ng/mL TGF- $\beta$ 1? How long were cells treated with TGF-beta 1 should be claimed in the material and methods**

*- the approval number of the Ethics Committee "Approval 2018 Ethics Review No. 032" has been added to the text highlighted with red (page 8, line 160)- Six mice of each group for each time point were used in this study (page 9, line 179-180). - The original chemicals and the name of chemical for density gradient centrifugation and the original type of antibodies have been added in the Reagents and antibodies (page 9, line 182-195). - On page 10, we have written the LX-2 cells were purchased from Zhongqiao Xinzhou (Shanghai, China) (page 10, line 211) and the primary HSCs were extracted from C57BL/6 as our previous work described (references 30 and 31) (page 10, line 215). -The treat time of TGF-beta1 is 36h. And the reason why we choose TGF-beta1 2ng/ml and the treat time is that we based on our previous work (reference 31) (page 10, line 238).*

3. **Results and discussion - Figure 3, Characterization of HSC should be provided? The result of desmin staining should be added? - Please add a scale bar for Fig 3A and fig 4A. - The sample size and replication should be shown in the legend of figure 3, 4.**

3. *-We appreciate the reviewer's insightful comment that the characterization and the results of Desmin of HSCs is necessary for the primary HSCs. However, we recognized this limitation should be mentioned in the text, so we decided not to added the results of Desmin in the figure 3*

but added Supplementary Figure 1 (page 15, line 364). – We have added the magnification in the figure 3A and 4A. -The sample size and replication of the study have been added in the legends of figure 3 and 4 (page 29, line 657 and page 30, line 669).

4. English: The manuscript should be corrected in spelling and grammar.

4. We have polished our manuscript by American Journal Experts (AJE).

Reviewer #2.

1. The aim of the work needs to be expressed more correctly: it cannot present the results, but have to show the goal you were followed to (please, use "to study..."/"to elaborate..."/"to elucidate..." etc, followed by what was studied and to what purpose). Please, pay attention that there are some incorrectness in the introduction.

*We have clarified the aim our study with "to elucidate...". (Page 4, line 66)*

2. Thus, fibrosis is not a disease, but pathologic process or its outcome, as well as cirrhosis. Elimination of aetiological agent is nowadays possible in most of cases of HCV infection. Please, consider revision. I would suggest revision of the introduction section to explain the need for stages of work, described below. Is it possible to provide design of the study section and/or a figure, explaining the work stages. It would be also good, if the data processing was also described.

*We have removed our incorrectness in the introduction. We recognized that the liver fibrosis is not a disease, and thus we replace "chronic liver disease" with "chronic liver injuries" (page 6, line 99). Besides, we understand the removal of HCV infection could be cured for Hepatitis C in most cases, so we described in our text (page 6, line 106). We also described the design of our study and how we possessed our data at the end of the introduction (page 7, line 139-145).*

3. Despite it is mentioned, that the results are expressed in Mean+/-SD format, the manuscript contains no digital data.

*We have specified the digital data in the manuscript.*

4. Some data, shown on figures are in unknown format -for example, it is not clear, what "related to controls" means in case "control" column is also present on a chart (control related to control?). The data on some figures are given in unknown format.

*We recognized the incorrectness of the format of our figures, and therefore we have revised.*

5. However, good publication practice requires that the data were reproducible and could be compared to the data obtained by the other authors in similar experiments. Please, revise.

To the authors knowledge, there are not many studies focused on the effect of FRNK on liver fibrosis, and some studies on pulmonary fibrosis for us to compare, which is the innovation point of the present study. However, our three independent replicate assays show the same trend. We believe the future studies will verify the effect of FRNK on liver fibrosis and carry out the same conclusion.

6. Please, replace the limitations from the Conclusions to Discussion section, provide more details on possible practical / clinical outcomes of the obtained results and provide your vision of further research.

*We have replaced the limitation in the conclusion to discussion. And we focused on the clinical significance and vision for further research of our current work in the conclusion (page 19 and 20, line 472-480).*

### **Language polishing**

*AJE have polished our manuscript to remove the incorrectness of grammar and spelling.*

### **Abbreviations**

*We have corrected our abbreviations in the text according to the requests.*

### **Science editor:**

1) Please, spell out "GAPDH" and some other abbreviations in Figures.

*We have spell out the GAPDH as glyceraldehyde 3-phosphate dehydrogenase in our manuscript (page 9, line 189-190).*

2) Please, correct the link to Figure 2A-B in the text of the manuscript (you wrote as Figure 1A-B).

*We have corrected the link Figure 1A and B to Figure 2A and B in the Results (page 15, line 340).*

3) Please, specify the aim of the study.

*We have specified the aim of the present study in the abstract with "to elucidate..." (page 4, line 66).*

4) There is no "hepatocyte fibrosis", it is "liver fibrosis".

*We have replaced the "hepatocyte fibrosis" with "hepatic fibrosis" (page 14, line 321-322).*

5) Please, correct Introduction section as reviewers pointed

*We have corrected the introduction as reviewer #2 pointed.*

6) Please, specify p-values for quantitative data in the text or the figures and correct the Methods section as reviewers pointed

*We have specified the p-value for each quantitative data and the corrected Methods and Materials as reviewers pointed.*

7) Please, correct the manuscript as reviewers pointed

*We have corrected the manuscript as reviewers pointed.*

### **Company editor-in-chief**

Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

*We have separated the figures to PowerPoint files as you asked so that you may be convenient to arrange the articles.*

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards,

Your sincerely.

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