

## Response to reviewers

Thank you for your suggestion, please see the comments added to the response to the reviewer 2 as below.

### Reviewer #1:

*Specific Comments to Authors: This review provides an interesting insight on a very timely topic: disparities in liver disease. It is well written, although it would benefit of some illustrations summarising race and gender disparities for each subparagraph. I would also recommend to evaluate the impact of language barriers, especially for migrants and if COVID19 further influenced equity in access to liver transplantation.*

Thank you for your suggestions. We created a figure 1 to summarize the factors contributing disparity.

We were unable to find a relevant and reliable studies regarding language barriers among migrant, and this would be a future area of study. This statement regarding this was added to the conclusion.

We added a paragraph explaining about the effect of COVID-19 under Liver Transplantation section.

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### Reviewer #2:

*Specific Comments to Authors: My specific comments are included directly in the manuscript attached.*

Thank you for your comments, and we were able to obtain your valuable comments from the reviewers. Please see the response below. Thank you.

→ Please see 'Specific Comments to Authors' from Reviewer#2:

Detailed comments were made directly on the manuscript, which was numbered, starting with the title page (pg.1) through the last page of the reference (pg.43). The 'yellow highlighted' areas are erroneous and the 'red highlights' are my suggestions. Please consider the suggestions seriously which may seem minor in nature since the underlying solid quality of your work can be compromised without editing these faulty areas.

### <Areas requiring corrections>

1)

### *Vulnerable populations*

“Vulnerable populations have been the focus of numerous efforts aiming to understand and address the disparities in the prevention, screening, and treatment of viral **hepatitides**. [spelling? (pg.10, line#3)] Incarcerated individuals are...”

Thank you for your comments. We changed the sentence to “treatment of viral hepatitis.”

2)

with NAFLD. **Multidisciplinary care with hepatologist, gastroenterologists, endocrinologists, dietitians and cardiologists are also essential as patients with NAFLD often have concurrent diabetes, cardiovascular disease, obesity, and dyslipidemia**<sup>[40, 41]</sup>. [consider re-wording the sentence for clarity (pg.13, lines #17-20)]

Thank you for your comments. We changed the sentence to “Because patients with NAFLD have concurrent diabetes, cardiovascular disease and dyslipidemia, multidisciplinary care with various specialists is essential.”

3)

bias may also influence treatment decisions for alcoholic liver disease. A recent **UNOS**-based [abbreviations are used only after introducing its full unabbreviated vernacular (pg.14, line#22)] study suggested that...

Thank you for your comments, and we are sorry for the confusion. We introduced unabbreviated version.

4)

Laotians. **Southeast Asians, who had an HCC risk over eight times higher than Whites and more than twice that of other Asians.** [this is a sentence fragment; please re-write as a complete sentence (pg.18, line #5-6)] While Asian countries...

We appreciate your comments, we changed the sentence to the following; “Southeast Asians were twice as likely to have HCC as other Asians and an 8-fold risk compared to Whites.”

5)

aged men. HCC outcomes also vary by hospital. **Safety-net hospitals in the U.S. provide much of the care for vulnerable patients (lower household income, education levels, and racial minority patients) and HCC patients in these safety-net hospital were less likely to undergo liver resection and liver transplantation and had higher procedure-specific mortality**<sup>[71]</sup>. [the sentence is hard to read; remove unnecessary words or split into two sentences for better flow & easier readability (pg.20, lines #6-10)] Insurance...

Thank you for your valuable comments. We changed as follows: "Safety-net hospitals in the U.S. provide much of the care for patients with lower household income, education levels, and racial minorities. HCC patients in these safety-net hospital were less likely to undergo liver resection or transplantation and had higher procedure-specific mortality."