

**Dear Editor**

**Thank you for considering our manuscript for revision. We thank the reviewers for their valuable comments that led to substantial improvement of our work. Here we reply to the reviewer's comments one by one**

Reviewer #1:

The modification of any disease name needs sufficient evidence based on evidence-based medicine and the support of a large number of direct clinical evidence. To replace NAFLD with MAFLD, it is necessary to provide more in-depth and extensive clinical data, such as the latest diagnostic criteria, treatment plan, drugs, judgment of results, outcome and prognosis, etc. adopted according to the progress of science and technology. There are forerunners in every era, and their behaviour may not be perfect.

**Reply:** Thank you for this important comment. We respect this role mentioned by you so much. There are many studies in our manuscript that proved the superiority of the new nomenclature over the current one (ref 6 – ref 17) summarized in table 1

Reviewer #2:

The authors highlight the endorsement of the new name by different societies and groups and the outcome of different studies on the new nomenclature in addition to a short discussion of the debate arisen by some experts. Non-alcoholic fatty liver disease and Metabolic associated fatty liver disease are not explain and their mechanism is not discussed detailed. The main topic is not explain very well. NAFLD and MAFLD are should be explained in detail. For example; the author said that Eslam et al paper a new name changing the traditional NAFLD to MAFLD. Which factors were discussed by Eslam et al?

**Reply :** Thank you for your very important comment. We respect your view so much. But we think that your suggestion about comprehensive writing in the details of NAFLD and MAFLD is already published in other reviews in the world journal of hepatology. Readers of the World J Hepatology are worldwide specialists in the field. Kindly accept our explanation that our manuscript is a short, focused editorial and we are planning to write a comprehensive review in the near future.

Reviewer #3:

This manuscript proposes to push for a change in nomenclature of "NAFLD" to MAFLD", as the clinical criteria for "MAFLD" more readily predicts for patients at high risk of complications. The manuscript summarizes organizations that support this nomenclature, but does not provide rationale for groups that do not support this

change. It is unclear if the term "MAFLD" would exclude some patients with fatty liver, who might have milder disease, and if such patients should be concerned about the condition of their liver. The acceptance of the term "MAFLD" only in specific regions may segregate groups of clinicians and scientists, complicating communications. Thus the underlying definitions for these terms and consequences of acknowledging 1 or both terms only in specific regions need to be very clear.

Reply: Thank you for your valuable comments. We consequently added a paragraph that clarifies the rationale of the groups that do not support the change and respond to your inquiry (highlighted)