

Manuscript NO.: 80998, Retrospective Study

SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This study analyzed the clinical impact of the clinical decision support tool (CDST) utilizing FibroScan for patients with non-alcoholic fatty liver disease (NAFLD). The study revealed that the number of FibroScan orders was increased, the percentage of patients diagnosed with early fibrosis stage was increased, and the rate of patients who underwent laboratory tests, imaging studies, and liver biopsy was decreased among those who underwent FibroScan. I have several questions and suggestions. It is not surprising that the number of FibroScan order was increased. The study demonstrated that the percentage of patients diagnosed with early fibrosis stage (F1) increased (7.8% -> 14.2%) and that with cirrhosis (F4) was decreased (28.7% -> 16.5%). However, a more important thing should be the absolute number, not the percentage, of patients diagnosed with each fibrosis stage. From this point of view, the total number of patients diagnosed with F4 was increased ($115 \times 28.7/100 = 33 \rightarrow 843 \times 16.5/100 = 139$). The absolute number of patients diagnosed with F1 increased even more. I think the authors should emphasize this point. Similarly, the number of patients who underwent liver biopsies increased (10 -> 23). How was the biopsy result? What was the agreement between the biopsy result with the FibroScan result? Identifying more high-risk patients leads to increased costs. I know that it is difficult for this study to show that this will ultimately decrease mortality. However, the authors should at least discuss the cost-effectiveness the discussion section.

Thank you for pointing out these action items. The total numbers of patients by fibrosis score have been updated and emphasized in the results section. The biopsy section has also been flushed out to touch on concordance with FibroScan result. The discussion section was edited to include cost. Additional references (26-28) have been included to substantiate these claims.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: The authors examined the demographics, clinical management, morbidity and mortality of a cohort of patients with NAFLD who underwent FibroScan, a non-invasive test to diagnose liver fibrosis, in this research. This research is centered around a CDST designed to guide PCPs in the care of patients with NAFLD. Patients before and after the CDST was implemented to determine its impact were compared. Interesting , well written paper. Congratulations

Thank you very much for the kind words.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is a well-thought-out topic demonstrating the need of using CDST to provide better health care for patients with NAFLD. However, there are a few issues the authors should clarify: 1. Why did the authors choose CDST as FiB4? 2. Did the authors use FibroScan to diagnose NAFLD? 3. For patients with NAFLD, it is important to evaluate the liver fibrosis. This allows the suitable ways of monitoring and treatments. Currently, there are many non-invasive methods to assess liver fibrosis such as measuring liver elasticity, or using biochemical markers. Among them, FibroScan is a good method. I don't understand the authors' intention to compare the impact before and after CDST. 4. Why should CDST be used before performing FibroScan to assess liver fibrosis?

Thank you very much for your comments. The discussion and conclusion sections have been updated to include the rationale for the design of the CDST and our intention to compare cohorts before and after the CDST. Additional references (19-23) have been included to substantiate these claims.