

Manuscript #23384

Reviewed by 02444883

The manuscript from Zhen-Ya Lu et al evaluates, in a eight years follow-up study on Chinese population, the prevalence and risk factors for NAFLD. The study is well structured and scientifically interesting. Thus, I believe that the study may reach the quality for publication in the Journal.

Reviewed by 02444960

The work entitled "Eight-Year Follow-Up Study on Chinese Non-Alcoholic Fatty Liver Disease" is aimed to investigate the prevalence and risk factors for NAFLD in a Chinese Population composed by 1948 adults. The aim of this manuscript is of interest and the data presented in it explored all the possible markers related to prevalence and progression to NAFLD in these patients. The data collected are accurate and the results enlightening. I only have minor comments in order to polish the potential World J. Gastroenterology article: 1-A **deep language polishing** should be performed to improve the quality of the manuscript. 2- Check **inconsistence gender vs amount alcohol intake**.

1. Language polishing-we have send our paper to a professional language service. See the attached proof.
2. For the question on amount of alcohol intake, we added two paragraphs in discussion section to explain our careful consideration on this issue.

From both clinical experience and research data, the more alcohol people intake, the higher blood triglyceride levels. Patients with NAFLD often have elevated triglycerides. The biopsy also proved their steatosis correlates directly with alcohol intake. Women may be affected at even lower levels of intake (e.g., half dose). In another word, the alcohol sensitivity of women is different from men. Women are more likely to develop NAFLD than men even with lower dose of alcohol intake. That's why we put a lower bar for women. (70g in women vs 140 g in men.) in this study according to the Guidelines for the diagnosis and treatment of nonalcoholic fatty liver diseases. Chinese National Consensus Workshop on Nonalcoholic Fatty Liver Disease[2].

The similar issue happened to BMI index too. In this research our bar for BMI is lower than that for western populations. Because the Asians have higher risk of weight-related diseases at lower BMIs. In 2004, the World Health Organization weighed the evidence on Asians' higher risk of weight-related diseases at lower BMIs.

Reviewed by 00507910

these figures are reversed. (caused by excessive consumption of alcohol (women ≤ 140 g/week, men ≤ 70 g/week) the 140 gm/week should apply to MEN You should have looked at DIETARY habits such as Western FFD to see its role in NAFLD development and resolution.

Response: Thank you for the correction, we have fixed this error in the figures. Dietary habits preference is not included in our study. It's a flaw. We thank reviewer's good point and we put it into our discussion section as a weak part of our design so that other researchers will be altered.

Response: Although excluded any medical intervention, during 8-year follow up, dietary habits is not fully followed up due to the difficult standardization. The role of diet change in NAFLD development and resolution should be also further studied.