Dear Editor

We thank the reviewers for their helpful comments.

1-There are several problems in this study. Among all 30 studies, 25 studies reported a significant association of glucose abnormalities with liver fibrosis severity. On contrary, the last 5 studies were not. Could the authors discuss this difference?

ANSWER: This might be explained by the small size cohort of such studies, the heterogeneity of criteria for DM or HOMA-IR and the very high prevalence of other metabolic risk factors (such as elevated BMI) which may induce an underestimation of the impact of DM/IR.

We have added this comment in the discussion.

2-Furthermore, the enrolled studies investigated the impact of glucose abnormalities on the response to interferon alfa-based or peginterferon/ribavirin and telaprevir-based antiviral treatment. How about the impact of glucose abnormalities on the response to new DAA?

ANSWER: The impact of glucose abnormalities on virological response needs to be further evaluated with new DAA, interferon-free combinations. To date, there is very few data on the impact of glucose abnormalities after virological response to new DAAs. Preliminary results suggest that the presence of diabetes does not appear to be predictive of treatment failure in G1 patients (Backus et Butt 2016) [46] . Further studies are needed to confirm these data and to evaluate the impact of diabetes on SVR in patients without poor prognostic factors.

We have clarified this issue in the discussion.

3- Finally, some grammar and spelling errors should be corrected.

ANSWER: We apologize for these errors and we have corrected them.