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Editorial Office,
World Journal of Gastroenterology

Re: Clinical Epidemiology and Disease Burden of NAFLD

Dear Dr. Chen,

On behalf of all co-authors, I thank the editorial board and reviewers for their comments and suggestions to improve the quality of our manuscript. Please find below our point-to-point responses to the reviewers' comments.

Reviewer 1:

In the present review article, the authors summarize key points concerning classification, epidemiology, diagnosis, treatment and outcomes of NAFLD as well as contribution of gender, age, genetic factors, race, and diet composition to NAFLD development. The article is well written and comprises extensive and updated concepts and bibliography. The figures are well design and help understand the main points that are described in this review. All in all, the information herein presented is of highly interest. Only some minor points need to be considered in order to improve the manuscript: a) In the paragraph describing NAFLD classification, there are three sentences which can be found to be repetitive and can be shorten (Starting with the sentence: NAFLD is characterized by 5%); b) It could be useful to add a short description for figure 4 explaining the natural history of NAFLD.

- A. In the paragraph describing NAFLD classification, we have deleted the redundant definitions. We have also added description for progression of NAFLD (Figure 4).

Reviewer 2:

The article is well written and sufficiently comprehensive of previous contributions. I suggest to include some comment and reference related to neglected determinants of Clinical Epidemiology and Disease Burden of NAFLD, such as sleep duration. World J Hepatol. 2016 Nov 28;8(33):1459-1465. Liver Int. 2016 Mar;36(3):427-33. J Hepatol. 2013 Aug;59(2):351-7.

- A. In the revised manuscript we have added a paragraph discussing role of sleep deprivation as a risk factor for NAFLD.

Reviewer 3:

The authors have a deep knowledge of the topic. However, despite the interest, the structure of the article makes it difficult to follow up on some of its sections. In addition, in some of them the message is very brief. An important limitation is the desire to cover all aspects of NAFLD so it would be desirable to focus on specific aspects of this disease

A. We appreciate the reviewer's comment and understand this limitation of the article. However, we only covered clinical epidemiology and disease burden of NAFLD. While remaining in the scope of our title, we feel that it is imperative to discuss briefly about pathogenesis, associations of disease, diagnostic modalities and transplantation as all these collectively constitute burden of disease. We feel that it is a concise review to highlight the important aspects of NAFLD. This review was based on guidelines of American Association of Study of the Liver Diseases.

We hope that we have adequately addressed all of the comments of the editors and reviewers. We feel that this has improved the quality of the manuscript, which we hope is now acceptable for publication in the *World Journal of Gastroenterology*.

Yours sincerely,

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