

## Response to Editors and Reviewer's comments:

Respected Editor and the Reviewers,

We would like to thank you for taking time and reviewing our manuscript titled "Medications in Type-2 Diabetics and their association with Non-alcoholic Fatty Liver Disease related Advanced Fibrosis." For publication in WJG. We are very grateful for your kind comments and suggestions. Please see below one by one response to reviewer's comments.

Reviewer 1:

"Medications in Type-2 Diabetics And Their Association With Non-alcoholic Fatty Liver Disease Related Advanced Fibrosis" is an interesting article. Authors' findings are not only innovative, but also important as cited medications are very common in clinical practice and clinicians must be aware of their associations with advanced fibrosis. Overall, it is a good work. However I think some modifications concerning language and layout (not exactly compliant BPG guidelines) would be necessary before publication."

Author response: Thank you very much for reviewing our manuscript and your important suggestion. We revised our manuscript according to the BPG formatting guidelines for a retrospective cohort study. For the language we got our manuscript reviewed again by a native English speaker. The revisions are highlighted in yellow.

Reviewer 2:

"The manuscript describes the relationship between liver fibrosis and various medications in in patients with biopsy-proven NAFLD and type 2 diabetes using their own hospital records. Authors concluded 'being on metformin, liraglutide, lisinopril, hydrochlorothiazide, atorvastatin and simvastatin is associated with less likelihood of advanced fibrosis, while using furosemide and spironolactone increased the risk of advanced fibrosis'. The manuscript is well written and contents are novel and worth publication in WJG. I only suggest that authors avoid to declare 'using furosemide and spironolactone increased the risk of advanced fibrosis' and soften the expression, because there is a limitation of the present work as authors themselves mention in the last part of Discussion. Minor comments 1. Please write in full LKB1 (liver kinase B1) and HSCs (hepatic stellate cells). No abbreviation will be necessary because those words are used once in the text. 2. Please add the explanation of mo (month) in Table 2. 3. Please add the explanation of the numbers 81 and 325 in aspirin dose in Table 2."

Author response: Thank you very much for your comments and important suggestions. We revised our conclusion in both the abstract and the manuscript conclusion sections.

We wrote LKB1 and HSC in full forms in the revision.

We also added abbreviation for mo at the end of the table 2 and added the dosages for aspirin. The changes are highlighted in yellow.

Reviewer 3:

29 January 2020 Correlation of leptin and Vaspin in newly diagnosed Type 2 Diabetes. The association of leptin with fat mass and insulin resistance is well known. The relationship between Leptin and atherosclerosis less definite but as the Authors write animal experiments suggest that this may be the case . I was unable to find ref 3 in Pub med but the Authors should distinguish between animal and human studies .. The Authors should consider a paragraph in the introduction on the impact of gender and menopause on Leptin and Vapin. The results are given in Tables and Figures but my copy did not have figures.. There is no text with a description of the results which is unusual. Tables and figures probably not sufficient for easy understanding of the findings. The Authors should consider a description of the main results in a text format as well as the tables and figures, in the results section rather than in the discussion and the discussion section becomes discussion of the results. It would be interesting to see a graph of leptin and Vaspin against BMI as compared to Waist/hip ratio as fat mass is better represented by waist/hip rather than BMI in Indians. I am not clear what the Authors mean when quoting Brennan . The Brennan paper does not discuss adipocyte dysfunction but is a report on the relationship between leptin and CVD,

Author response: Dear Editors please note that this comment appears to be a technical mix up as our manuscript does not study Leptin and Vaspin. Thank you very much.

Reviewer 4: The study by Siddiqui and coworkers is a retrospective cohort study to assess the association between master medications used in diabetes and advanced fibrosis in patients with biopsy-proven NAFLD and T2D. The topic is interesting given the prevalence of the two pathologies NAFLD and TD2 and the relationships between them. The quality of the manuscript is adequate and, although further studies are needed, the results could have a potential impact on the clinical practice of drug treatment of diabetic patients at risk or with overt NAFLD. In my opinion, for the sake of greater disclosure, the authors should extend the information on published studies on appropriate antidiabetic treatments (oral or injectable) that can improve NAFLD. I refer, citing only a few as an example: Hazlehurst et al, 2016,

doi.org/10.1016/j.metabol.2016.01.001; Xia & Gao, 2019, doi: 10.3389/fphar.2019.00877; Dharmalingam & Yamasandhi, 2018, doi: 10.4103/ijem.IJEM\_585\_17: 10.4103/ijem.IJEM\_585\_17.

Author response: Dear reviewer, thank you so much for your kind comment and important suggestion. We reviewed the mentioned articles and discussed them in our discussion section and added those to our reference list. Please note the revised changes which are highlighted in yellow.