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1. The authors should explain more clearly why the diseases of NAFLD and ALC were selected but not non alcoholic hepatitis and none alcoholic liver cirrhosis? According to already collected data, a potential value of hematological indices in the course of ALC and NAFLD seems to be poorly investigated. So we took into account these two groups of patients. Liver biopsy was not performed in our study, therefore we can not divide study participants into non-alcoholic hepatitis and non-alcoholic liver cirrhosis subpopulations. During our clinical practice we noticed several abnormalities concerning hematological markers in ALC and NAFLD patients, thus we decided to find out if they could be perceived as meaningful parameters from a scientific point of view. This information was added to the Introduction and Study population and research design sections.

2. The patients should be divided to various group according to their clinical characteristics, such as the phase, the severity, etc It was the first study concerning the assessment of relationships between hematological markers (especially PLR and MPR) and serological indices of liver fibrosis, thus we included in our survey two groups of the patients: with ALC and NAFLD. In this early beginning of an investigation our aim was not to assess hematological parameters in different stages of these disorders, but to explore these two entities in general. A clinical stage of ALC was evaluated with MELD score and we did not find any significant differences according to the severity of the disease. This observation will be used to plan the next research and our further step will be the assessment of the markers presented in this study among patients with different stages of ALD and NAFLD. This information and explanation were placed in the part of the Discussion section concerning the limitation of the study.

3. Dose the number of the patients and controls was far different impact the comparison of the results? To the best of our knowledge, the statistical analysis of a current study should not be affected by the proportion of patients and healthy controls enrolled in the observation. The results are reliable and trustworthy. This explanation was not presented in the text of the manuscript.

4. Did all the patients get liver biopsy to exclude inflammation, especially the NAFLD? ALC diagnosis was based on the presence of fibrotic liver rebuilt in abdominal ultrasound examination, the history of alcohol abuse and an exclusion of various liver pathologies (autoimmune, cholestatic and viral disorders). NAFLD was diagnosed in patients with liver steatosis in abdominal ultrasound examination and no history of alcohol addiction. We did not perform liver biopsies in our patients. It can be potentially perceived as a study limitations, however these are the first results on presented hematological markers in these populations of patients and they should be perceived as a baseline to be compared in the future with the data obtained from differentiated subgroups of patients with liver disorders. This information was added to the Introduction and Discussion sections.

5. What are the other potential factors of liver cirrhosis and what was done to exclude them? It should be clear. Viral, cholestatic and autoimmune liver disorders together with the presence of clinically significant inflammatory process were excluded in all participants. ANA, AMA, ASMA, anti-LKM-1, HBV and HCV tests were negative. Certain diseases that can lead to steatosis (hepatobiliary infections, celiac disease, Wilson's disease, and alpha-1-antitrypsin deficiency) have been excluded. We aimed to eliminate potential factors influencing the level of hematological parameters evaluated in our survey. These data have been added to the Study population and research design section.

6. What effect dose acites and paracitesis put on the observed parameters? Ascites might be followed by the development of spontaneous bacterial peritonitis, an inflammatory process affecting the values of hematological indices. We aimed to exclude potential factors influencing the level of hematological parameters evaluated in our survey by the examination of an abdominal fluid and an exclusion of its inflammatory character.

7. In the RESULTS part, the second line, what dose‘indirect and indirect’ mean? In the second line of the Results section the mistake was corrected into: (...) hematological indices and serological (indirect and direct) (...)

8. The limitation of the current study should be discussed in the DISCUSSION part. We included the description of the above-mentioned potential limitations of our study in the Discussion section. All corrections in the manuscript are marked in red.