

December 20, 2013



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6607-edited.doc).

Title: Controlled attenuation parameter for the non-invasive assessment of hepatic steatosis in Chinese patients

Author: Feng Shen, Rui-Dan Zheng, Yu-Qiang Mi, Xiao-Ying Wang, Qin Pan, Guang-Yu Chen, Hai-Xia Cao, Ming-Li Chen, Liang Xu, Jian-Neng Chen, Yi Cao, Rui-Nan Zhang, Lei-Ming Xu, Jian-Gao Fan

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6607

Thank you for arranging a timely review for our manuscript. We hope that our study will be attractive to the readers of WJG. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made to the text are in red so that they may be easily identified. With regard to the reviewers' comments and suggestions, we wish to reply as follows:

Reviewer 1

(1) the manuscript needs minor linguistic correction (English polishing)

Yes, we are very sorry because we are non-native speakers of English. In order to improve the language level of this paper, we have invited some counterparts whose native language is English and received a English language editing services. Although, we still try to modify the language deficiency.

Reviewer 2

(1) The authors should discuss the relationship between CT findings including liver spleen index and

controlled attenuation parameter.

We think CT scan provided an accurate and a reliable visualisation of the whole liver and can discriminate between HCC and focal fatty deposits. CT scan also evaluated liver fat deposition by liver-spleen attenuation ratio and visceral fat accumulation as the visceral fat area. But the weak point of CT scan was obviously and we mentioned in the paper (see page 12, line 14-19). Accordance with the requirements, we add a discussion about the relationship between CT and CAP (see page 14, line 24-25).

(2) The authors should demonstrate representative imagines of US showing the difference of controlled attenuation parameter.

Generally, the major weaknesses of ultrasound include high operator-and machine-dependency and the ability to detect only patients with more than 30% steatosis (see page 12, 9-13). So, we believe CAP (more than 5%) may be an alternative method to ultrasonography for epidemiological investigations into fatty liver (see page 15, line 20-21). We also add a discussion about the relationship between US and CAP (see page 14, line 24-25).

(3) The authors should cite the reference of Joka et al. and discuss the significance of serum marker of such as cytokeratin-18M65 evaluating the degree of steatosis. (Joka D, et al. Prospective biopsy-controlled evaluation of cell death biomarkers for prediction of liver fibrosis and nonalcoholic steatohepatitis. Hepatology 2012 Feb;55(2):455-64)

We are very willing to cite the reference of Joka et al. (page 12, reference 26) and also discuss the performance of significant steatosis ($\geq 10\%$) between CAP and M65 (page 14, line 23).

(4) The authors should cite the reference of Hatta et al. concerning MRI as a tool assessing steatosis of the liver. (Hatta T, et al. Accurate and simple method for quantification of hepatic fat content using magnetic resonance imaging: a prospective study in biopsy-proven nonalcoholic fatty liver disease. Journal of Gastroenterology 2010 Dec;45(12):1263-71.

We also cite the reference of Hatta et al.(page 12,reference 29) and discuss the limitation of MRI.

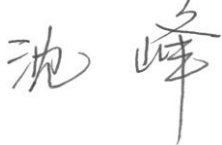
(5) The authors should discuss whether CAP cut off values differs or not in other ethnics.

We thank the reviewer for raising this issue, because of lack of the experience in other ethnics, we will try to improve this limitations (page 15, line 9-11).

References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, consisting of two characters: '沈' (Shen) and '峰' (Feng), written in a cursive style.

Feng Shen, MD, PhD

Department of Gastroenterology, Xinhua Hospital, Shanghai Jiaotong University School of Medicine, 1665 Kongjiang Road, Shanghai 200092, China.

E-mail: Feng-shen[@hotmail.com](mailto:Feng-shen@hotmail.com)