



Roongruedee Chaiteerakij, M.D. Ph.D.
Division of Gastroenterology
Department of Medicine
Chulalongkorn University
Phone: +662 256 4265
Fax: +662 652 4129
Email: roon.chaiteerakij@chula.md

June 11th, 2021

World Journal of Hepatology

Dear Editors,

We thank the *World Journal of Hepatology* for considering our manuscript entitled, “Non-invasive tests for predicting liver outcomes in chronic hepatitis C patients: a systematic review and meta-analysis” by Yongpisarn et al. to be published in *World Journal of Hepatology* (Manuscript NO. 66310).

We have reviewed the comments and have considered them carefully. The point-by-point responses to reviewers’ and editors’ comments are below:

1. Reviewer 1

This is a well-designed systematic meta-analysis to assess the non-invasive tests in determining prognosis of the chronic liver disease. You have conducted this study on chronic hepatitis C and their outcomes. You have concluded that FIB-4, APRI and LSM could be a valuable risk indicators. I think this data is important to be added to the previous reports.

Response: We thank the reviewer for this positive comment.

2. LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript’s language will meet our direct publishing needs.

Response: We apologize for all language issues. We have sent our revised manuscript to English editing service to edit the manuscript. The certificate has been attached.

3. ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

Response: We again apologize for this issue. We have checked and adjusted according to these specifications. Abbreviations apart from HIV, HBV and HCV have been defined when used at least twice in the text.

Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

Response: Our title did not contain any abbreviations.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

Response: We have shortened the running title. It now contains 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

Response: We have thoroughly reviewed the Abstract. The changes have been highlighted in yellow.

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

Response: Our key words did not contain abbreviations.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Response: We have checked and revised the Core tip section accordingly. The changes have been highlighted in yellow.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Response: We have thoroughly reviewed and revised the Main text accordingly. The changes have been highlighted in yellow.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

Response: This section has been added, and rechecked accordingly.

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

Response: We have reviewed and defined all abbreviations used in figures and supplementary figures, and edited the format to make them separated by semicolons.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

Response: We have reviewed and defined all abbreviations used in tables and supplementary tables, and edited the format to make them separated by semicolons.

4. Editorial Office's comments: Issue 1

The title is too long, and it should be no more than 18 words

Response: We have changed the title to "Non-invasive tests for predicting liver outcomes in chronic hepatitis C patients: a systematic review and meta-analysis", which consists of 16 words.

5. Editorial Office's comments: Issue 2

The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)

Response: We have uploaded the document in the file named "66310-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)".

6. Editorial Office's comments: Issue 3

The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have provided the original pictures in a PowerPoint file as per instructed. We have also changed most of the figures to improve the quality, and broken down some figures to make the text portion readable. Some figures have been moved to the supplementary documents. The details of the changes are summarized below. In summary, the revised manuscript has 8 figures and 6 supplementary figures. The figures are provided in the file named “66310-Image File.pptx”. The 6 supplementary figures are provided in the file named “66310-Supplementary Material”, along with the supplementary tables. The in-text citations of the figures and supplementary figures have been updated and highlighted in yellow.

Summary of how the figures have been moved around

- Figure 2A have been changed to Figure 2
- Figure 2B have been changed to Figure 3
- Figure 2C have been changed to Figure 4
- Figure 3 have been changed to Supplementary figure 2
- Figure 4A have been changed to Figure 5
- Figure 4B have been changed to Figure 6
- Figure 4C have been changed to Figure 7
- Figure 5A have been changed to Supplementary figure 5
- Figure 5B have been changed to Supplementary figure 6
- Figure 6 have been changed to Figure 8
- Supplementary figure 2 have been changed to Supplementary figure 3
- Supplementary figure 3 have been changed to Supplementary figure 4

7. Editorial Office’s comments: Issue 4

The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

Response: We apologize for this mistake. We have added this section at the end of the main text. We have also added sentences to the core tips to better summarize our findings and double-checked all of our analyses. Any typos have been corrected. Any revisions made to the manuscript are highlighted in yellow.

We believe that our responses and manuscript modifications will prove satisfactory upon review. We thank again the editors and reviewers for their insightful comments.

Sincerely,



Roongruedee Chaiteerakij, M.D., Ph.D.
Division of Gastroenterology, Department of Medicine
Chulalongkorn University and King Chulalongkorn Memorial Hospital,
Thai Red Cross Society, Bangkok, Thailand