Dear Professors Bloomfield, Peng, and Vento and the Reviewer,

We greatly appreciated the offer of considering our manuscript entitled "Practical insights into chronic management of hepatic Wilson's disease" for publication in the World Journal of Clinical Cases. We thank the Reviewer and the Science Editor for the comments and suggestions, and we hope we have improved our manuscript as we would be very grateful if it could be published on your Journal.

The main corrections in the paper and the responds to the editor's and reviewers' comments are as following:

1. **WD is one of the neurometabolic disorders which can be successfully treated with pharmacological agents, and the success is reported in even up to 85% of patients. However, some of the patients worsen, some have the persistent symptoms. Moreover, special attention should be paid to those with severe initial neurological manifestations. In treatment section, as for the statement "a neurological worsening at the beginning of anti-copper therapy occurred in over 10% of patients". Currently, the serious side-effects have been reported up to 50% in WD patients, after DPA treatment. Additionality, Zhang J et al (BMC Neurology 2020) has already reported that the neurological deterioration occurs up to 33.8% (not up to 15%). So, some literature review may need to be improved and updated.**

   We thank the reviewer for this comment, and we have modified the manuscript accordingly.

2. **In treatment section (Zinc salts), the authors stated "Current guidelines recommend against the use of zinc for the treatment of symptomatic Wilson's disease, as it appears to be less effective…. Zinc could be used as a maintenance therapy for asymptomatic patients." Zinc may be used not only as maintenance therapy, also as first-line therapy in neurologic patients (EASL, ESPGHAN).**

We agree with the Reviewer's comment and have corrected this section of the manuscript.

3. **The authors stated "Zinc is usually administered at 150 mg/day divided in 2-3 doses". The dosage of Zinc administration for adults and children should be elaborated separately. For patients under 15 years old, 75 mg/d of zinc was divided over 2-3 doses during a period of 24 hours. For older children and adults, 150 mg/d of zinc was administered over 2-3 doses during 24 hours (Zhang J et al. BMC Neurology).**

   We have clarified the zinc dosage indications for adults and children as suggested by the Reviewer.

4. **Some currently studies about neurological WD treatment (e.g. Sodium Dimercaptopropanesulfonate, DMPS) should be mentioned.**

   We have added a paragraph on potential new pharmacological treatments, including recent studies on DMPS, hopefully correctly addressing the issue raised by the Reviewer.

5. **The Authors said "the main focus of the clinician should always be on obtaining compliance to treatment and not on dietary restriction." As most of WD specialist currently say that's more important than drug choice is lifelong treatment, compliance with treatment, and safety assessment and concomitant medications. Therefore, I cannot agree with the options of "the main focus of the clinician should always be on obtaining compliance to treatment and not on dietary restriction".**

   With this sentence, we wanted to stress the importance of obtaining compliance to treatment rather than focusing on dietary restriction. Patients might be less willing

to take the medications correctly if they feel they are also very limited in their dietary choices, so they should be educated to give the priority to treatment adherence. We hope we have clarified our intentions in the modified sentence.

6. **The related psychiatric treatment and mental care is lacking in the paper and these aspects should be mentioned and described.**

   We have added a paragraph on psychiatric treatment and mental care to provide a more complete analysis of available treatment for WD patients.