

Answering Reviewers

Major comments:

1. Please mention if the patients have any comorbid conditions that can affect the results of the APRI score and LSM. You only excluded other hepatic conditions rather than HCV. But what about other diseases like ITP, SLE, chronic hemolytic anemias, NASH, and others.

Answering: Thank you for your question, the patients in our research were simply had hepatitis C virus infection, and patients with other systemic disease were excluded, such as blood system disease or rheumatic disease et al.

I have add the details in part of methods as: "Exclusion criterias were: (1) non-HCV etiology-related chronic liver disease (such as chronic hepatitis B, drug-or alcohol-related liver disease, non-alcoholic steatohepatitis, *etc*); (2) clinical hepatic decompensation; (3) solid organ transplantation; (4) malignancy; (5) combined with other systemic disease (immune system disease, blood system disease, *etc.*) and (6) contraindications for MRI and liver biopsy. SVR was defined as undetectable HCV RNA 24 weeks after the end of treatment."

2. Please mention why did you exclude treatment regimen that included IFN? In my point of view it dose not affect the aim of the study. Please clarify.

Answering: Thank you for your question, just as your advice, although the combination therapy may have no effect on the evaluation of liver pathology, based on the current situation of CHC treatment, majority of patients can be cured by simple DAAs. The use of interferon is rare. So, we aim to pay more attention on changes of pathology, and the correlation between CEI after achieving SVR by simple DAA therapy.

I added this explanation in paragraph 2 of the part of DISCUSSION.

3. You mentioned that your study is retrospective??!! Going through your methodology, it is considered a prospective study. It is not a routine to do a liver biopsy and a dynamic MRI pre and post treatment in patients with HCV.

Answering: Thanks for your reminder, I have revised as your advice. The study was designed as prospective, while we used the patient's previous clinical data for analysis.

4.You mentioned in the methods section that "SVR was defined as an undetectable HCV RNA at 24 weeks after the end of treatment". Please correct, as with DAAs, SVR is defined as an undetectable HCV RNA at 12 weeks after the end of treatment not 24.

Answering: Thanks for your advise. It is worth mentioning that, HCV RNA was both detected at 12- and 24- weeks after the end of treatment. The value of HCV RNA at 12-weeks were also undetectable in patients achieving SVR24. Since patients were enrolled between 2014-2016, SVR12 and SVR24 both could be used at that time, while the 24-weeks SVR last longer, it was used in our article. while the 24-weeks SVR last longer, it was used in our article. We specially agree that the current definition of SVR as an undetectable HCV RNA at 12 weeks after the end of treatment .

I added this explanation in paragraph 2 of the part of DISCUSSION.

5.Please add in the methods section the formula of calculation of APRI and FIB-4 scores with their references.

Answering: Thank you for your advise, I have add the formula of APRI and FIB-4 scores in my revised manuscript.

$$\text{APRI} = ([\text{AST}/\text{ULN}]/\text{platelet count}[\times 10^9/\text{L}]) \times 100^{[22]}$$

$$\text{FIB-4} = (\text{age} \times \text{AST})/((\text{platelet count}) [\times 10^9/\text{L}] \times \text{ALT}1/2)^{[23]}$$

6. In the results section, under the subtitle of patients' characteristics, you reported that "after SVR among noninvasive measurements, median of LSM, FIB-4 and APRI increased significantly, except value of CEI"? I believe you mean the opposite?

Answering: Thank you for your reminder, I truly report in the opposite means. I have change in my revised manuscript as "Among the noninvasive measurements, the median of LSM, FIB-4, and APRI decreased significantly, the mean of CEI increased slightly without statistically significant($P=0.29$)"

7. In Table 1: Please add number of patients in each group.

Answering: Thanks for your advice, I have added the number of patients in each group in my revised manuscript in Table 1.

Minor comments:

1. Any abbreviation should be first mentioned in details then abbreviated there after. Please revise the abbreviations in the whole manuscript, as this was a repeated error.

Answering: Thanks for your reminder, I have revised my manuscript in the whole manuscript.

2. There are some grammar mistakes, needs proper English editing. Thanks

Answering: Thanks for your advice, I have revised my manuscript in the whole manuscript. I had edited whole manuscript by the professional English language editing companies Editage: <https://www.editage.com/>