

The following peer-review report and comments from the Editorial Office (Science Editor, Editorial Office Director, and Company Editor-in-Chief) are provided for your reference.

Reviewer #1: The authors aimed to clarify the significance of different VCTE-based scoring systems to identify high-risk patients of NALFD with comorbidities, i.p. HCC and EGV. To answer the question, they performed a cross-sectional study to investigate scoring system on NAFLD patients in order to narrow high risk groups with HCC and EGV. They found that Agile 3+ and Agile 4 were useful scoring systems to identify high risk patients for HCC and/or EGV. The study was well designed and the different scoring systems have been well compared. However, there are some major and minor comments to address:

Major comments: 1) the definition of the scoring systems not well introduced

Reply: We appreciate your comments. Agile 3+ and Agile 4 were developed by Yonoussi's group, their paper(s) have not published yet, at least online available. So, detail information is not available. However, we are available the formulae of Agile 3+ and Agile 4 from online. For understanding, we added new Supplemental Table that shows the impact of parameters on the scoring system (Supplemental Table 1).

2) study protocol not clear- was every scoring system used for each patient?

Reply: We appreciate thoughtful comments from the reviewer. All patients in the present study were had FibroScan examination as well as blood tests. Thus, all patients were assessed by each scoring system and fibrosis markers. We added this information in Method and Supplemental Figure 2.

3) study design not mentioned

Reply: We appreciate thoughtful comments from the reviewer. Information on study design was not enough in the first submission. We added supplemental Figure 2 to facilitate understanding of readers. Laboratory data were used within 1 month from the date of FibroScan. On the other hand, histories of HCC and EGV were counted to show the prevalence of HCC and EGV (Supplemental Fig 2).

Minor comments:

1) introduction not well written. Why EGV risk appears with liver fibrosis? Why different scoring systems exist? Explanation of the importance of the research aim is missing.

Reply: We appreciate thoughtful comments. Liver fibrosis is a form of reconstruction of blood flow in the liver. This alteration of blood flow can increase the pressure of the portal vein. These phenomena are well documented in other journals and textbooks. In the revised version, we cited 2 papers for general readers that demonstrate the association between liver fibrosis and its comorbidities. Demand for non-invasion tests (NITs) is expanding. Thus, many researchers and clinicians are trying to establish "the best NITs". Under such a situation, there are several scoring systems to reach "the best" by using FibroScan. Among these scoring systems, Agile 3+ and Agile 4 are extremely fresh scoring systems to evaluate liver fibrosis. In the future, we can narrow the best scoring systems by clinicians' assessment. In the final sentence of INTRODUCTION, we inserted "the aim of present cross-sectional study" to disseminate the aim of the study.

2) Better description of FibroScan Scoring Systems.

Reply: We appreciate constructive comments. We added Supplemental Table 1 to show the impact of each parameter on the scoring systems. For instance, an increase in LSM (liver stiffness measurement) increases the scores of FAST, Agile 3+, and Agile 4.

Reviewer #2: The authors clarified the significance of VCTE-based scoring systems to narrow the high-risk group of NAFLD patients with comorbidities.

The sample size of such a study was insufficient for such a statistical analysis. The results are not scientifically accurate. It is suggested to increase the sample size and then recalculate, or use other statistical methods.

Reply: We increased number of patients with NAFLD in the latest version and recalculated the data. As a result of increased number of patients, the intermediate risk of FIB-4 missed 3 patients with HCC and 2 patients with EGV. Thus, we proposed FIB-4 at 1.3 as a triage

Some references are old, so it is suggested to increase the citations of articles in recent 5 years.

Reply: We cited some old papers because these articles are the original papers of the formulae and the classification of endoscopic findings. Thus, we would like to cite these old papers to respect the originality.

The results section should be diagrammed as much as possible, with less descriptive text.

Reply: We appreciate your constructive comments. Previous Table 4 was diagrammed in new Figure 1, which is demonstrable for understanding the data. Thank you again your outstanding comments.

Therefore, the article is not up to the standard of publication at this stage. It is recommended to re-submit or choose another magazine after modification.

Reply: Thank you for comments. We submitted another journal.

2 Editorial Office's comments

- 1) Science Editor:** The manuscript describes a observational study of " Utility of FibroScan-based scoring systems to narrow the risk group of nonalcoholic fatty liver disease with comorbidities ". The topic is more suitable for the World Journal of Hepatology than for World Journal of Gastrointestina. The authors aimed to clarify the significance of different VCTE-based scoring systems to identify high-risk patients of NALFD with comorbidities, i.e., HCC and EGV. To answer the question, they performed a cross-sectional study to investigate scoring system on NAFLD patients in order to narrow high risk groups with HCC and EGV. They found that Agile 3+ and Agile 4 were useful scoring systems to identify high risk patients for HCC and/or EGV. As described by the two reviewers, there are a lot of problems in this research, We suggested it could be acceptable for publication after a major revision. The questions raised by the reviewers should be answered. Recommendation : Giving a recommendation of conditional acceptance and transferring to the World Journal of Hepatology .
- Language Quality: Grade B (Minor language polishing)
- Scientific Quality: Grade D (Fair)

Reply: We revised the manuscript according to the reviewers' suggestion.