

ANSWERING REVIEWERS

Santiago, March 18, 2014.

Jin-Lei Wang, Director, Editorial Office
Baishideng Publishing Group Co., Limited
Telephone: +86-10-5908-0039
Fax: +86-10-8538-1893
E-mail: j.l.wang@wjgnet.com
<http://www.wjgnet.com>



Dear Mr Wang:

Thank you for your recent letter providing the comments rose by reviewers of our manuscript entitled "**MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE: CONSENSUS AND EVIDENCE-BASED CLINICAL PRACTICE REVIEW**". We were pleased to learn the favorable comments made by reviewers and prepared a new version of the manuscript following almost all of their suggestions. In this new version, we underlined every change introduced in the text. Please find attached the revised manuscript (file name: 8569-REVIEW.doc), which we hope now be suitable for acceptance. A point-by-point response to the comments is also attached to this letter. We again assure that neither the submitted material nor portions thereof have been published previously or are under consideration for publication elsewhere.

We look forward to hear about the editorial decision on this manuscript.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Riquelme'.

Arnoldo Riquelme, M.D.MMedEd
Departamento de Gastroenterología
Facultad de Medicina
Pontificia Universidad Católica de Chile
Marcoleta #367
833-0024
Santiago-CHILE
Phone/Fax: 56-2-23543820 / 56-2-26397780
e-mail: a.riquelme.perez@gmail.com

RESPONSE TO REVIEWERS' COMMENTS

We thank the Editors and the Reviewers for their positive and constructive comments on our manuscript. Based on their suggestions, the manuscript has been revised. We think that the consequent changes definitively improved the quality of the manuscript. We used a specialized service to polish the English grammar and correct the errors throughout the text.

Our point-by-point responses to each point raised by the reviewers are presented below.

Reviewer #1:

We thank the reviewer for his/her comment on our paper.

Reviewer #2:

This is an excellent clinical review how to deal with NAFLD patients.

We thank the reviewer for his/her nice remarks about our paper.

However, a detailed discussion is missing regarding the diagnostic work up. Prevalence of NAFLD is up to 30%. Do we need a liver biopsy? Do we need a differentiation from NASH? In other areas of liver disease (DILI), there is the question of the need of liver biopsy (Teschke R, Frenzel C. Drug induced liver injury: do we still need a routine liver biopsy for diagnosis today? Ann Hepatol 2014; 13: 121-126). Please quote this report and discuss the arguments as compared to NAFLD and NASH. Please include a flow diagram what to do diagnostically with a patient with sonographic signs of fatty liver. You need some parameters to ascertain the diagnosis, because liver biopsy cannot be done in up to 30% of the population.

As requested, we have included several sentences in the revised manuscript that refers to the relevant issue of liver biopsy in NAFLD management. Also, a flow diagram was included and the reference mentioned by the reviewer included in the reference list.