

Dear reviewers:

On behalf of all the contributing authors, I would like to express our sincere appreciations of your letter and reviewers' constructive comments concerning our article entitled "Changes in the etiology of liver cirrhosis and the corresponding management strategies" (Manuscript No: 90659).

Thank you again for your positive comments and valuable suggestions. We have carefully considered the suggestion of Reviewer and make some changes. We have tried our best to improve and made some changes in the manuscript. We hope that our work can be improved again. Furthermore, we would like to show the details as follows:

**Reviewer #1:**

1. The abbreviation should be mentioned first before use in the second time. If that word used only one time, there is no need to use the abbreviation for example - ALD should be replaced with alcoholic liver disease (part- core tip) and MASLD should be in full word first (part-introduction).

Yes. I agree with your comments about standardizing the format of abbreviation. As you suggested, I have modified the abbreviations in part-core tip and introduced. I carefully read the text and corrected the improperly written abbreviations. As follow:

**Core Tip:**

China is aiming to eradicate viral hepatitis as a public health threat by 2030. It is expected that the prevalence of viral hepatitis will decrease in the coming years. The increasing prevalence of **Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)** may emerge as a leading cause of Liver Cirrhosis. Additionally, excessive alcohol consumption is a significant risk factor. These shifting trends necessitate innovative management strategies. There is a need for sustained implementation of

measures to eliminate viral hepatitis, as well as greater efforts to control obesity, diabetes and alcohol consumption to reduce the incidence of MASLD and Alcoholic liver disease.

## INTRODUCTION

It is expected that Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) will soon become the leading cause of LC worldwide.

2. Additionally, it will be very good if the authors could provide the algorithm summarize the strategies to manage cirrhosis. Screening test should be mentioned in more details such as biomarker or USG and the frequency of these investigations.

Yes. Your revisions are important. The answer to this question is exactly what makes this article so innovative. Therefore, it has been added in the revised version. As follow:

It is recommended that patients with chronic liver disease should have serum aminotransferase and alpha-fetoprotein tests, liver ultrasound and elasticity tests every six months, and those with LC or HCC every three months.

Thank you very much for your attention and time. Look forward to hearing from you.

Yours sincerely,

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