Dear Reviewer,

We thank you for your valuable time and extensive review. We agree that the manuscript should be a MAJOR revision. We have significantly modified the manuscript based on your suggestion.

Here is the Point-by-point responses to each of the issues raised in the peer-review report(s):

Q1. It is very important to change and modify the title. the title is not appropriate.
The title has been revised to "Case-Control Analysis of Venous Thromboembolism Risk in Non-Alcoholic Steatohepatitis Diagnosed by Transient Elastography." This title revision accurately depicts the study design and raises curiosity.

Q2. Are the objectives and the rationale of the study clearly stated?
The Abstract has been edited to state the rationale of this study as highlighted clearly, paragraph 1, lines 3 through 11.

Q3. In the Abstract, the research gap was not clearly stated. In addition, the authors need to rewrite the study objectives to be more academic writing.
The Abstract has been edited to clearly state the research gap highlighted on page 1, paragraph 1, lines 9 through 11. The study objectives were re-written to make it more academic, as highlighted in page 1, paragraph 1, lines 3 through 11.

Q4. In the introduction, include the study's significance and novelty. What makes the study different from the rest , and what does it add to the current knowledge?.
Studies introduction was significantly changed to include the current knowledge gap, novelty of our study, and its contribution to the current knowledge as highlighted on pages 3-4, paragraphs 1/4/7 under the introduction.

Q5. In the introduction, the authors should have explained the purpose of this study and the existing gaps in this field and explained why this study was conducted.
The study's introduction was significantly changed to include the current knowledge gap, the novelty of our study, and its contribution to the current knowledge, as highlighted on pages 3-4, paragraphs 1/4/7 under the introduction.

Q6. Are the methods clear and replicable? Do all the results presented to match the methods described?
Q7. If relevant are the results novel? Does the study provide an advance in the field? Is the data plausible?
For questions 6 and 7.
The study utilizes a clear methodology, incorporating an analysis of 415 patients, from which 386 met the comprehensive inclusion and exclusion criteria. This suggests a transparent selection process for participants. The demographic and clinical variables are well-defined.
The primary outcomes related to the history of NASH, the steatosis grade, and the fibrosis grade, are also clearly outlined with quantifiable measures and statistical

significance noted. Logistic regression was employed to identify predictors of VTE, and this is a standard analytical method in research studies that supports replicability.

The results regarding the type, location, and management of VTE are presented in detail, which correlates with the methods described. The study delineates the percentages of patients with various types of VTE and those requiring hospital admission, including the distribution of anticoagulants used.

The results do suggest a significant association between NASH and VTE, an area that has been of interest in our research. The identified odds ratios for fibrosis grades as predictors of VTE are clinically relevant and contribute to the existing literature on risk stratification in patients with NAFLD. In addition, diabetes was noted to have statistical relevance and raises the question for potential future research.

This study advances the field by providing specific data on the prevalence of various types of VTE in the NASH patient population and highlights the importance of management with anticoagulants, noting the high percentage of patients on indefinite therapy. The detailed analysis of VTE distribution and the need for hospitalization offers practical insights for healthcare professionals managing NAFLD patients.

The data presented is plausible as it corresponds with known clinical patterns, such as the higher prevalence of DVT compared to other VTE types and the frequent need for anticoagulant therapy in VTE management.

Our study offers data that could advance the understanding of the relationship between NASH and VTE, provided that the results are indeed novel and represent an advancement in the field, especially when the data available currently is scarce.

Q8. References are relevant, correct, and not recent. The number of references should be increased. please add some references. since this is a scientific review, all the sentences need to be supported with references.
References to our statements have been increased where applicable.

Q9. There are a lot of grammatical errors. This must be taken care of and addressed.
A comprehensive review was done, and all grammatical errors were corrected.

Q10. What are the limitations of the study? A description of limitations is missing at the end of the discussion section.
Limitations of our study was highlighted under discussion.

Again, we thank you for your valuable time. Please reach out to us if you have any questions. Hoping for the best out of this scientific paper which is very close to our hearts.

Thanks, and Regards,

Mithil