



January 29, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8040-review.doc).

**Title:** Controlled attenuation parameter for evaluating liver steatosis in chronic viral hepatitis

**Authors:** Giovanna Ferraioli, Carmine Tinelli, Raffaella Lissandrin, Mabel Zicchetti, Barbara Dal Bello, Gaetano Filice, Carlo Filice, on behalf of Liver Steatosis Study Group

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 8040

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers

Reviewer 1

- (1) Core tip: The word "percentage" has been replaced with the word "extent".
- (2) Introduction: The effect of liver steatosis in CHB has been added.
- (3) Methods: Inclusion and exclusion criteria have been added. Number of portal tracts in the biopsy specimen, assessment of steatohepatitis or siderosis have been added in the results. Data on HCV genotype were not added to avoid having a plethora of data not worth for assessing the diagnostic accuracy of CAP.
- (4) Results: There wasn't any case of steatohepatitis or siderosis in our series. It has been added in the results.
- (5) It has been added in the discussion: In our series, in the detection of liver steatosis CAP misclassified one third of cases. Nonetheless, the technique showed a high sensitivity, thus it was able to confidently identify patients with liver steatosis.
- (6) The author contributions have been corrected.
- (7) Abstract, methods: The last sentence has been deleted.
- (8) Introduction: Reference has been added.
- (9) Methods: as suggested, "read" has been replaced with "interpreted".
- (10) Discussion: References have been added.

Reviewer 2

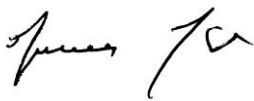
This study was aimed at assessing the performance of CAP in detecting liver steatosis in patients with chronic viral hepatitis undergoing liver biopsy in the same day. We agree that these patients could have a lesser degree of liver steatosis with respect to patients with NAFLD. Nonetheless, in evaluating the diagnostic accuracy of a method there should be both true positive and true negative cases. In fact, we did not select patients and enrolled consecutive subjects to avoid any bias. CAP needs to be further validated in a larger number of patients with respect to the etiology of steatosis (viral hepatitis, non-alcoholic fatty liver disease). We have made changes in the introduction that is now focused not only on patients with chronic hepatitis C. Data on HCV genotype were not added to avoid having a plethora of data not worth for assessing the diagnostic accuracy of CAP. We agree that waist

circumference is linked to liver fatty infiltration more than BMI. Nonetheless, the study was not aimed at assessing the correlation between these two variables and the CAP value. Because we did have the BMI our feeling was that it was worth analyzing its correlation with CAP. On the other hand, our patients had chronic liver disease and a mean value of BMI within the normal range was found in our series. We feel that adding figures showing all the correlations can divert the attention from the main aim of the study. In fact, these correlations were only minor findings.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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

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