

Dear editors:

We appreciate the valuable and constructive comments provided by the editors and reviewers and have revised the manuscript accordingly. Hopefully, it is now ready for publication in the World Journal of Gastroenterology.

We have addressed the fine points of Reviewer 2 as followed:

1. When abbreviations appear for the first time, it is better to provide the full name

Response: we added the full name for the abbreviations

2. Reference for “ non invasive modalities have been developed to monitor hepatic fibrosis.”

Response: Additional References 33 and 34 were included

3. Pathogenesis of HCC after HCV cure section, lack of punctuation

Response: Appropriate commas (“,”) were added

4. Reference number should precede the punctuation

Response: Reference numbers were inserted accordingly

We sincerely acknowledge the comments of Reviewer 2.

“.....predictive modalities for surveillance should be highlighted and developed. In order to promote the validation and standardization of these non-invasive modalities, as my personal suggestion, the explicit description and difference comparison should be further explored between fibrosis markers (FIB-4, APRI) and elastography (SWE and VCTE) and between themselves, respectively. “ Jinshun Xu PhD
Department of Ultrasound Medicine West China Hospital of Sichuan University

Response: We initially planned to include a Table that would compare the performances of the different non-invasive modalities in predicting HCC. The characteristics of the study populations in the individual studies, however, were very heterogeneous. We, therefore, did not make generalized comparisons. We completely agree that validation and standardization of the HCC predictive models are critically important and should be addressed in future studies.

Yours sincerely,



Daryl Lau, MD, MPH
Associate Professor of Medicine,

Harvard Medical School