

## **REVIEWER 1**

The manuscript is well-written and up-to-date. I have few observations: the list of abbreviations is disorganized which makes it difficult to locate the abbreviations. In the abstract the authors use the abbreviations and not the name. I also noticed in the text the use of acronyms not preceded by the name at any time in the text.

We thank the reviewer for his comments. The abbreviations in the abstract have been removed or prefixed with full form. Since the list of abbreviations is given at the end, the acronyms are not preceded by the name in the text as is required for the journal. Some of the names are very cumbersome and a sequence of such names as is often need to be written will make the reading very difficult. We have arranged the acronyms in alphabetical order for quick finding in the list.

## **REVIEWER 2**

Although antiviral treatment for hepatitis B and hepatitis C has made great progress, chronic liver disease is still a heavy burden to the society worldwide, mainly due to the epidemic of NAFLD, alcohol addiction and the lack of treatment methods for end-stage liver disease. The authors reviewed the epidemiology, diagnosis and treatment of chronic liver diseases from. It is an interesting topic, with qualified content and certain practicality. However, there are still several issues need to be improved:

Answer : We thank the reviewer for his constructive input

1. Portal hypertension and hepatocellular carcinoma are should not be the focus of the topic;

Answer: Since the topic is “Management of liver diseases: Current perspectives” the focus of discussion was current state of research likely to have an impact in future management strategies having the ultimate goal of decreasing disease burden. Both portal hypertension and HCC are complications of CLD, many patients die due to these rather than CLD itself increasing the healthcare burden. Hence discussion of their management is mandated. However only the most recent advances in their management have been discussed. For example, the drugs for lowering portal pressure are well in vogue so not touched upon but drugs for reducing the fibrosis part are actively under trial. For the difficult-to-manage HRS/drug resistant ascites long term albumin administration is a recent important development [in addition to the drugs mentioned] and SGLT 2 inhibitors/Alfa pumps are in trial. Endohepatology is having big impact in managing GI bleed which is an important cause of mortality. Similarly for HCC only the most current advances in diagnosis [GALAD, Li RAD, liquid biopsy] and treatment [systemic drugs] which can alter its future treatment perspective is discussed.

2. Autoimmune liver disease is classified into two main types, AIH and PBC, with different pathogenesis and progress;

Answer: The text has been modified as “Autoimmune hepatitis appears to be increasing in incidence as a part of the general increase in immune mediated and allergic diseases resulting from decreasing infectious disease with mounting antibiotics use globally.” Instead of PBC the more general term “autoimmune cholangiopathy” has been used which include AMA negative PBC and overlap syndrome as well.

3. The relationship between antibiotic abuse and AIH is a clinical finding, which can be highlighted;

Answer: This is already mentioned in text. The line “Some antibiotics like nitrofurantoin, minocycline and coamoxyclav can induce autoimmune hepatitis by themselves and some antibiotic associated DILI may resemble autoimmune hepatitis” has been added.

4. Some hereditary liver diseases, such as Wilson disease and primary biliary atresia, are also important composition of chronic liver disease;

Answer: Wilson disease has been mentioned under “acute hepatitis” as a cause of acute and chronic liver disease. However there are not many advances in treatment apart from the existing repertoire of drugs. Primary biliary atresia is a cause of pediatric CLD and so not discussed in the perspective of adults.

5. Also need to pay attention to drug-induced liver injury.

Answer: DILI (drug-induced liver injury) is already discussed under acute hepatitis section along with the names of the most frequent causative agents. There are not much advances in management apart from stopping the offending drug. The line “especially those resembling autoimmune hepatitis” has been added after “some DILI may need corticosteroid” in the concerned section.