Dear Editor,

Please find the enclosed revise manuscript in Word Format (file name: Revised manuscript)

Name of Journal: World Journal of Gastroenterology

Manuscript NO: 80354

Title: Metabolic dysfunction associated fatty liver disease: The new nomenclature and its impact

Authors List: Si Ying Tang, Jian Shiun Tan, Xian Zheng Pang, Guan-Huei Lee

Thank you very much for your kind comments, which gave us the possibility to revise our manuscript. We have amended the paper according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal.

Reply to editor's comments:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. If an author of a submission is re-using a figure or figures published

elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.

Reply to reviewers' comments:

Reviewer 1:

1. In the last sentence of the results in the abstract, "Within the subtypes of MAFLD, patients with more metabolic conditions at the time of diagnosis had worse hepatic and liver injury compared to those with a single metabolic condition." worse hepatic and liver injury might be wrong.

    Answer: The above statement is correct.

2. Page6，Line8：The sentence "noted that MAFLD patients have a 1.7-fold higher risk of all-cause mortality" does not make clear with which group of people.

   Answer: The group of people with 1.7 fold higher risk for all cause mortality refers to the MAFLD patients who do not meet NAFLD criteria, compared to patients with NAFLD or simple hepatic steatosis.

3. Page6，Line18-22：The sentence "Interestingly, the overweight (BMI BMI≥25.0 kg/m2) subgroup was not associated with cancer-related mortality while the metabolic dysregulation subgroup (lean individuals with ≥2 metabolic risk factors among non-diabetic participants) was only associated with all-cause mortality, suggesting that T2DM is the most multifaceted cause of mortality in MAFLD patients."

   Answer: The duplicate word 'BMI' has been removed

4. Page6，Line24-26：The sentence "A suggested explanation is that on top of proinflammatory, pro-atherogenic and diabetogenic mediators released by livers of patients with NAFLD, the constant exposure to hyperglycaemia and raised concentrations of circulating insulin stimulated cancer progression".

   Does "NAFLD" mean "MAFLD"？

   Answer: The original statement is correct.

5. Page6，Line27：The sentence "Age and gender seem to play an invariable role in the mortality risks of MAFLD patients too." What does "invariable" mean, please double check this sentence?

   Answer: The word 'invariable' has been deleted

6. Page7，Line28：The sentence "NAFLD is tied very closely to cardiovascular diseases (CVD), with cardiovascular diseases being the most important cause of death in NAFLD patients." Does "NAFLD" mean "MAFLD"?

   Answer: The above sentence is correct and refers to NAFLD

Reviewer 2:

1. Please give a Table to show the diagnosis different between MAFLD and NAFLD

   Answer: Figure 1a has been created to show the diagnosis of NAFLD, with Figure 1b showing definition of MAFLD.

2. MAFLD is a complex phenotype shaped by the dynamic interaction of genetic predisposition with environmental factors and components of the metabolic syndrome. MAFLD includes a mixture of different etiologies of liver diseases. Prevalence of alcoholic liver disease, viral hepatitis could be different in the study areas. What we are concerned about is MAFLD could represent different diseases in different study. Is it possible to give us a general view about MAFLD of single etiology or dual etiologies.

   Answer: The papers reviewed do not provide a subgroup analysis of patients with MAFLD of single or dual ethology

3. Tables 1-5 list all the references studied. This is great to understand each paper but is difficult to produce a clear over all concept. Is it possible to put current Table 1-5 into supplementary Tables, and then give 1-2 new Tables and/or Figures to summarize the results of each Table. This will help the reader to catch the current knowledge easily.

   Answer: We have created table 1 that collates table 1 – 4, and placed the previous table 1 – 4 as supplementary tables. Table 5 has been renamed to table 2

4. Please add the criteria of obesity/overweight in the Figure 1.

Answer: We have amended Figure 1b accordingly.

5. Please use "different between MAFLD and NAFLD" in each Table.

Answer: The tables have been amended accordingly

Thank you for considering the review.

Yours sincerely,

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