Response to the Reviewer

We are very grateful to the reviewer for the valuable comments, which have helped us to greatly improve our manuscript.

1.In the Abstract,the purpose of the research is not only the effect of HCV infection on serum omentin-1 concentrations of HCV patients, but also to describe associations of serum omentin-1 with measures of liver disease severity. We suggest supplementing relevant content.

Thank you for this comment. We now corrected the Aim and added this information.

2.In the Core tip,We see that Liver cirrhosis patients had increased serum omentin-1 levels before treatment and at sustained virological response 12 (SVR12). There are relevant research conclusions, So the innovation of this paper is insufficient

We corrected the Core Tip paragraph. However, we are not sure what the Reviewer suggested with this comment.

3.In the Abstract,the description of research methods is too simple.

Thank you for this comment. We now corrected the Methods and added more information.

4.In the Abstract,we see that positive correlations of serum omentin-1 with bilirubin and the model for end-stage liver disease score were detected before therapy and at SVR12. But is this the research conclusion for HCV cohor or for patients with liver cirrhosis?We suggest supplementing relevant content.

Thank you for your comment. This is now explained in more detail.

5.It is recommended that patients with liver cirrhosis receive Child-Pugh grading ,and further statistical analysis of subgroups.

Most of our patients are assumed to have Child-Pugh score A. We now have explained at the end of the discussion why Child-Pugh score was not determined.

"A limitation of this study is that Child-Pugh scores were not included. Early guidelines commenting on treatment in patients with decompensated liver cirrhosis, who have Child-Pugh B or C, did not recommend the use of DAAs for these patients[42]. Our cohort was

recruited shortly after these drugs were approved, and patients with decompensated cirrhosis were excluded. The Child-Pugh score of our cohort was not determined but from the clinical data of our patients we assume that most of them had a Child-Pugh score A."