

Manuscript NO: 82123

Title: Prevalence of Non-Alcoholic Fatty Liver Disease in Patients with Nephrotic Syndrome: A Population-Based Study

On behalf of all the authors, I would like to thank the Editor(s) and the reviewers for reviewing our manuscript and providing their valuable input. We have reviewed the comments and made appropriate changes as suggested. The following table includes the comments as well as our responses. We hope that the manuscript is now suitable for publication

Reviewer 1

No.	Comment	Response	Manuscript section.
1.	Liver disease associated with NAFLD..." is confusing. Please reconsider this sentence	Statement rephrased to "NAFLD is seen to occur in a progressive..."	Introduction
2.	Please specify in the introduction section which clinical/therapeutic consequences are expected to have the association of NAFLD and Nephrotic syndrome and if any preemptive strategies are needed.	We added the following statements: "Given the increasing prevalence of NAFLD and associated morbidity and mortality, identification of at-risk patients is essential for targeted monitoring and treatment. Since NAFLD and NASH often do not cause any symptoms, surveillance strategies for at-risk patients might aid in early diagnosis and help prevent adverse outcomes. Since both NAFLD and nephrotic syndrome are associated with elevated circulating lipids, patients with nephrotic syndrome might be at risk for	Introduction

		<p>NAFLD, especially if they have other risk factors for NAFLD such as diabetes mellitus, obesity, or steroid use. It is essential to know if Nephrotic syndrome itself can be a risk factor for NAFLD, since only then cost-effectiveness and usefulness of any surveillance and preemptive strategies can be commented on. Furthermore, if patients with NS are at increased risk of NAFLD, more aggressive approach towards controlling other NAFLD risk factors and reducing use of certain medications such as steroids might be warranted. Therefore,....”</p>	
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Reviewer 2

No.	Comment	Response	Manuscript section
1	<p>The title of this study is not consistent with the objective of this study: “Our aim was to perform a cross-sectional population-based study to assess the prevalence and risk factors of NAFLD in patients with nephrotic syndrome. ”, and it not consistent with</p>	<p>Removed Chronic kidney disease from manuscript title</p>	Title

	<p>the “Conclusion” ..</p> <p>To delete “chronic kidney disease” in the title.</p>		
2.	<p>Many patients with nephrotic syndrome and chronic kidney disease were treated with steroid hormone, which may cause NAFLD and should be addressed and studied.</p>	<p>Treatment with steroids may cause NAFLD. However, we could not account for the use of steroid. This can be considered a study limitation. We have added this to “limits of study” and also “core tip”</p>	<p>Limits of study</p> <p>Core tip</p>
3	<p>In “Conclusion”: “Patients with nephrotic syndrome are more likely to develop NAFLD,” may be “Patients with nephrotic syndrome are found frequently with NAFLD,”</p>	<p>Rephrased statement to “our study demonstrates that patients with nephrotic syndrome are frequently found to have NAFLD”</p>	<p>Conclusion</p>
4	<p>“SNOMED-CT” as a reference of NAFLD is not adequate. It should be detailed. The diagnostic criteria for NAFLD should be listed out.</p>	<p>Data in explorys is uploaded by difference healthcare organization in the United States who may use different criteria for the diagnosis of</p>	

		<p>difference disease processes. Since Explorys data is deidentified, there is no way to tell criteria used to make diagnosis.</p>	
5	<p>In “Core tip”: “We found out that Nephrotic syndrome remained an independent risk factor for NAFLD. ”. it should be rephrased, for some confounding factors (hormone therapy; chemotherapy for tumor; some drugs for chronic diseases; high uric acid salt; etc) may contribute to NAFLD.</p>	<p>Rephrased statement to “However, we could not account for certain confounders such as elevated uric acid levels, hormonal therapy, chemotherapy for tumors, and certain drugs such as corticosteroids, which are known to be risk factors for NAFLD.”</p>	Core tip
6	<p>In “Methods” and “Patient Selection”: Inclusion criteria and exclusion criteria were not addressed, so there may be many subjects with several diseases.</p>	<p>We have added the following statement “Inclusion criteria were age ≥ 18 years, presence of NAFLD, presence of nephrotic syndrome. There were no specific exclusion criteria”</p>	Materials and methods.
7	<p>In “References”: the styles of references were not consistent; some references were</p>	<p>Updated all references. Also, removed reference 3,9,17 due to it being outdated and replaced</p>	References

	out of date and/or inadequate.	with new references per Reference citation analysis software recommend to me by the editor.	
8	Table 1 Baseline characteristics of patients with NAFLD-----◇ The percentile and the number should be consistent (sum of 100%) in different rows and columns.	The table has been revised and percentage errors have been fixed.	Result section
9	In the “there were a total of 49,700 subjects with NAFLD with a prevalence rate of 63 per 100,000 and a total of 17,400 subjects with nephrotic syndrome with a prevalence rate of 22 per 100,000 (Table 1).”, -----◇the numbers were not consistent with those in the table 1.	This statement has been removed.	Result section

Editors

No	Comment	Response	Manuscript section
1	Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.	A ppt is provided and figure is edited. Copy right information has been added.	Result figure.

	<p>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.</p>		
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