

## Answering reviewers – 90511 – Manuscript

**Thank you for your thoughtful feedback on our paper, "The Relationship between MAFLD and Sarcopenia." We appreciate your positive evaluation of the review's significance and potential for publication. We have carefully considered your comments and made the following improvements.**

This document contains comments from the previous review of the manuscript (coloured writing), with all the adjustments we have made in response (written in black).

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:**

In this paper, the Author reviewed the relationship between MAFLD and sarcopenia. The review is interesting and worthy for the publication. However, I have some minor comment:

1. In my opinion, the review is not well organized. The pathophysiological mechanisms underlying MAFLD and sarcopenia are repeated many times and the review resulted too long. So, I think that the review could explain all the mechanisms in one paragraph and then the clinical aspects could be addressed without these repetitions.
2. In the text, figures and tables references are missing
3. An extensive English editing is required

### **1. Organization of the Review:**

In response to your observation about the organization of the review, we have conducted a thorough revision. The pathophysiological mechanisms underlying MAFLD, and sarcopenia have been condensed and made more concise. This modification aims to eliminate redundancy and streamline the content. Additionally, the sections on 'Clinical Significance' and 'Clinical Complications' have been merged to enhance clarity and reduce unnecessary repetition. As a result, we have successfully reduced the overall word count, ensuring a more concise and focused presentation of the material. While we refrained from highlighting every change due to the extensive nature of the revisions, we hope that our effort to address your concern has been done so effectively.

### **2. References in Texts, Figures, and Tables:**

We have rectified the issue of missing references in the text, figures, and tables. All references have been updated to ensure accuracy and completeness, as according to the 'Format for references guidelines'. Original figures created specifically for this review are now properly labelled as such. All legends have now been edited to fit the guidelines.

### **3. Language Editing:**

Recognizing the importance of language quality, we have done an extensive English editing process to refine the language throughout the review. The goal is to ensure clarity, coherence, and adherence to high writing standards. We trust that these improvements contribute to a more polished and refined manuscript.

## **5 ABBREVIATIONS**

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

We have addressed this concern by ensuring that non-standard abbreviations are used only if they have been repeated at least two times in the text prior to their first usage/definition. Additionally, we have adhered to the convention of avoiding non-standard abbreviations unless they have regular appearances within the text.

## **6 EDITORIAL OFFICE'S COMMENTS**

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### **(1) *Science editor:***

1 Scientific classification: Grade C.

2 Language classification: Grade B.

3 Specific comments: (1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

### **Scientific Classification**

We appreciate the scientific classification provided (Grade C) and have implemented revisions to enhance the scientific quality of the manuscript.

### **Language Classification**

Acknowledging the language classification of Grade B, we have conducted a comprehensive language revision to ensure clarity and coherence throughout the manuscript.

**A separate PowerPoint document will be provided with all images and tables.**

(2) Please obtain permission for the use of picture(s). 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 indicate 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.

(3) Please don't include any \*, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as  $aP < 0.05$ ,  $bP < 0.01$  ( $P > 0.05$  usually does not need to be denoted). If there are other series of P values,  $cP < 0.05$  and  $dP < 0.01$  are used, and a third series of P values is expressed as  $eP < 0.05$  and  $fP < 0.01$ .

4 Recommendation: Transfer to other BPG journals (*World Journal of Hepatology*).

Language Quality: Grade B (Minor language polishing)  
Scientific Quality: Transfer to another BPG Journal

## **(2) Company editor-in-chief:**

I recommend the manuscript to be published in the *World Journal of Hepatology*.

When revising the manuscript, it is recommended that the author 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 PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. 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/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

### **Supplementation of Latest Cutting-Edge Research**

To further enrich the content of the manuscript, we have supplemented and improved the highlights with the latest research results. Our focus has been on incorporating the most recent advancements in the field, ensuring that the manuscript reflects the current state of knowledge.

### **Clinical Management Section Enhancement**

Within the 'Clinical Management' section, we have added more detail by referencing newer studies related to pharmacological treatment within the context of MAFLD/Sarcopenia. This ensures that our discussion on clinical management is informed by the latest evidence and advancements in the field.

**In conclusion, we express our appreciation for the valuable comments and insights offered during the initial review process. These observations have been instrumental in shaping a more refined and comprehensive manuscript. We have dedicated considerable effort to reorganize and rewrite the content, aiming to align with the specified requirements for submission. Both substantive and linguistic aspects of the manuscript have undergone careful consideration and revision. We believe that these enhancements contribute to a more polished and well-articulated paper, better positioned for successful re-submission.**