

32133-ANSWERING REVIEWERS

Dear Editor,

We thank reviewers for their input on our submitted paper. We appreciate the time committed to our paper and have incorporated your suggestions as discussed below.

REVIEWER 1

1. Please discuss some more relevant studies on coffee and liver fibrosis: -Ong A, Wong VW, Wong GL, Chan HL. The effect of caffeine and alcohol consumption on liver fibrosis - a study of 1045 Asian hepatitis B patients using transient elastography. *Liver Int* 2011;31:1047-53. -Liu F, Wang X, Wu G, Chen L, Hu P, Ren H, Hu H. Coffee Consumption Decreases Risks for Hepatic Fibrosis and Cirrhosis: A Meta-Analysis. *PLoS One*. 2015 Nov 10;10(11):e0142457. -Graeter T, Niedermayer PC, Mason RA, Oeztuerk S, Haenle MM, Koenig W, Boehm BO, Kratzer W; EMIL-Study group. Coffee consumption and NAFLD: a community based study on 1223 subjects. *BMC Res Notes*. 2015 Nov 3;8:640.

We have incorporated these studies' findings into our paper. We appreciate the input and believe that the information given in these allows a more thorough & thoughtful discussion regarding benefits of coffee specific for different etiologies of chronic liver disease.

2. A table to summarize the effect size of coffee on HCC would be helpful.

We have made a table, agreeing with your suggestion that it would be helpful to the reader as this is an important positive effect of coffee regarding liver disease.

REVIEWER 2

1. Author should be reviewed related mechanisms that coffee can protect liver disease and its related component

We have broadened the discussion of possible etiologies relating to coffee's hepatoprotective properties, agreeing that a more in depth discussion is warranted after presenting the data from studies included in our review. We have sought to specifically incorporate studies recommended above & elaborating on those previously included in order to discuss different ways coffee may have a positive outcome effect on different etiologies of chronic liver disease.

2. Also this paper should be addressed upper level of coffee for safety or toxicity.

We agree that this is an important point to discuss and have added a discussion of ways different regions have dealt with the safety profile of caffeine.

3. References applicably should be presented (e.g. coffee has been associated with ---- MAFLD in introduction). Particularly, No. 34 was referred twice in carcinoma section, the results seemed to be different researches.

We appreciate your attention to detail and have corrected the error. The lead author was the same on both papers, and the incorrect reference number was attached and subsequently missed due the same name appearing first in both papers.