

Dear editor,

Responding to your request we addressed all the remarks from the reviewers and we modified the paper accordingly.

### **Reply to the reviewer 02944873**

Dear reviewer, many thanks for your valuable comments. Below you can find our reply to your comments.

**Reviewer:** This is an interesting manuscript; however, US is not the best choice for steatosis assessment and this should be mentioned in study limitations. I suggest the authors to discuss the following paper too: Ghaemi A, Taleban FA, Hekmatdoost A, Rafiei A, Hosseini V, Amiri Z, Homayounfar R, Fakheri H. How Much Weight Loss is Effective on Nonalcoholic Fatty Liver Disease? *Hepat Mon* 2013;13(12):e15227.

**Reply:** In the manuscript we added a paragraph titled Limitations of the study, where we discussed about the use of ultrasonography as a method for assessing NAFLD severity also including in the discussion the paper that you indicated.

Here below we report the added paragraph.

#### 5. LIMITATIONS OF THE STUDY

In this study we did not distinguish between simple fatty liver and NASH. In addition, despite MR-S is considered a gold standard for assessing the severity of NAFLD using non-invasive techniques, in this study we used US which is considered the preferred first-line diagnostic procedure for imaging (EASL-EASD-EASO, 2016). According to previous studies (inter alia Ghaemi et al., 2013) we also supported the diagnosis with US with serum biomarkers and scores.

### **Reply to the reviewer 03024603**

Dear reviewer, many thanks for your valuable comments. Below you can find our reply to your comments.

**Reviewer:** 1- It is not clear if the patients enrolled in the study were receiving any therapeutic medications for NAFLD or not?

**Reply:** As stated in the paragraph 2.2 of the manuscript (Participant recruitment and eligibility), patients recruited for the study received a diagnosis of NAFLD within the previous 6 months before the recruitment. Between the diagnosis and the enrolment, they did not receive any specific therapeutic medications for NAFLD.

**Reviewer:** 2- Are the patients included in the study were diagnosed before to have NAFLD or were first time to discover that they have NAFLD? And if they were diagnosed before to have NAFLD did they receive treatment before for it or not?

**Reply:** Some patients had a NAFLD's diagnosis even years before the enrolment in this study. Nevertheless, in these cases, NAFLD's diagnosis was re-evaluated within 6 months before the enrolment. At paragraph 2.1 (Study design and outcome measures) we also specified that during the treatment patients did not received any therapeutic medication for NAFLD. Here below we attach the first period of the paragraph 2.2 with the added sentence:

'This observational study proposes a 6-months interventions for treating patients with NAFLD. The approach is based on a clinical and a MedDiet-based dietary intervention carried out respectively by a gastroenterologist and a nutritionist with counseling license. **Between the diagnosis and during the study, patients did not received any therapeutic medication for NAFLD.'**

**Reply to the reviewer** 02860956

Dear reviewer, may thanks for your valuable comments. Below you can find our reply to your comments.

**Reviewer:** Patients and Methods section I suggest to include in the text the information if the patients follow a treatment for the metabolic syndrome, the duration of these therapies, and if were in treatment at the moment of the inclusion in the study.

**Reply:** we added required information on patients with MS. Here below we attach sentences and the table added to the paragraph 3.1 (Patients' characteristics).

Table 1 focuses on 12 patients with MS showing the number of patients affected by each component. At the moment of the inclusion in the study, 5 out of 12 patients with MS were under treatment for one or more components of the MS (5 for hypertension and 2 also for dyslipidaemia) and 4 patients without MS were under treatment for the type 2 diabetes. In all cases the treatment was maintained unaltered throughout the study.

Component	Waist circumference	Hypertension	TG	HDL	Serum glucose
Number (n)	12	6	12	7	8

Table 1. Frequency of MS' components in patients with MS'