

Dear Editor,

Please find enclosed the revised manuscript in word format (file name “revised manuscript”).

**Title:** M2BPGi for assessing liver fibrosis in patients with hepatitis C treated with DAAs

**Authors:** Shereen A Saleh, MD, Mohamed M Salama, MD, Marwan M Alhusseini, MSc, Ghada A Mohamed, MD

**Name of journal:** World Journal of Gastroenterology

**Manuscript No:** 53501

**Manuscript Type:** observational prospective study

Thank you very much for your kind e-mail, which gave us the possibility to revise our manuscript. We emended the paper according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal.

Each comment has been answered and cited below and each text that has been altered was highlighted yellow in the revised manuscript. We hope that the revised version will fulfil the requirements for publication in the World Journal of Gastroenterology. Thank you very much.

**Reply to editorial comments:**

Authors provided documents required for observational study; from 1 to 6, 8 to 10 and 13,14.

Reviewer's code: 01548565

Dear reviewer, many thanks for your valuable comment.

Reviewer's code: 00032933

Dear reviewer, many thanks for your valuable comments. All the required revisions are cited below and highlighted in the revised manuscript version.

1. We made the abstract more concise [page 2-3].
2. We admit that the short duration of follow up is a limitation of the study at the end of the manuscript [page 12].
3. As regards the small sample size of patients with F3 fibrosis grade, we consecutively recruited the patients, additionally, we didn't receive any fund for this study, this is the cause of small case number due to the financial causes, we also admit this in the limitation paragraph at the end of manuscript [page 12].
4. We deleted figures 1,2 and 3. Table 6 was added as supplementary data.
5. Figure 4a (currently Fig. no 1a), we removed the outlier of 75 kPa [page 23].
6. We did the required modification for table 1, we added age, gender, and BMI and removed hemoglobin and WBC [page 26].
7. We added cases No in table 3 [page 28].
8. We added a comment in the discussion about M2BPGi association with liver fibrosis and inflammation [page 11].
9. We removed unrelated issues from the discussion section and focused only on M2BPGi [page 10-12].

Thank you for considering the review.

Sincerely yours,

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## **ANSWERING REVISIONREVIEW**

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Dear reviewer,

Thank you very much for your valuable comment, we already mentioned those points as a limitation of our study at page 13. According to EASL guidelines (2018) and AASLD guidelines (2019), fibrosis stage must be assessed by non-invasive methods, with liver biopsy reserved for cases where there is uncertainty or potential additional aetiologies (A1), in addition, most patients now refuse to perform liver biopsy because of its invasiveness. Thank you again for taking the time and effort in reviewing our manuscript.