22-August-2024

Dear prof. Hussein,

You submitted the manuscript ID AJGH-AJGH-2409-1063, " **Serum amyloid a level as a marker of hepatocellular carcinoma in HCV-induced liver cirrhosis**," to the African Journal of Gastroenterology and Hepatology. The reviewer's comments (s) are included at the end of this email.

The reviewers have requested revisions to your manuscript.  Therefore, I invite you to respond to the reviewers' comments and revise your manuscript. Instructions on how to do this can be found at the bottom of this email.

Because we are trying to facilitate the timely publication of manuscripts submitted to the African Journal of Gastroenterology and Hepatology, your revised manuscript should be submitted as soon as possible.

Once again, thank you for submitting your manuscript to the African Journal of Gastroenterology and Hepatology. I look forward to your revision.

Sincerely,

Salem Y Mohamed

Chief Editor, African Journal of Gastroenterology and Hepatology

Please revise your manuscript using a word processing program and save it on your computer.  Please also highlight the changes to your manuscript within the document using the track changes mode in MS Word or using bold or colored text.

Once the revised manuscript is prepared, you can send it to me via email.

When submitting your revised manuscript, please provide your responses and details of changes made to each comment in an Author Response Letter.  To expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewers.

**Reviewer Comments to Author:**

**Reviewer1: (AF)**

|  |  |  |
| --- | --- | --- |
| **Raw number** | **remarks** | **comments** |
| 6 | potential of SAA as a biomarker | The potential role of Saa |
| 27 | (HHC), | hcc |
| 44-45 | admitted to the inpatient ward and outpatient clinics of the Faculty of Medicine and Medical | What is the period of the study? |
| 65-67 | An ultrasound examination of the abdomen was performed to confirm the presence of cirrhosis and its degree and to rule out focal hepatic lesions. Also, Triphasic computed tomography (CT) of the liver to rule out or prove HCC (in the case of hepatic nodules detected by ultrasound). | How was liver disease assessed? Like Child or MELD SCORE |
| 126 | HHC | HCC |

**Reviewer 2: (ME)**

In this article, the authors compared the SAA level between 2 groups of HCV-induced cirrhosis; one decompensated due to HCC and another with less decompensation due to lack of HCC, and they proposed SAA as a potential diagnostic marker for HCV-induced HCC among cirrhotics, I do have some concerns about the article:
1- The rationale for the study is questionable. This SAA is an acute phase reactant that is never specific to any disease
2—The exclusion criteria described are defective. For instance, this SAA rises with insulin—although localized—with infections. Do the authors rule out DM patients with insulin and HCV cirrhotics with infections—that are common in this category of patients?
3—Why do not the authors perform uni- and multivariate regression analysis to check the predictors of the rise of SAA in this cohort of patients, e.g., Age, gender, number of focal lesions, PV invasion … etc.?
4- The discussion section is defective; in its current form, it is a repeat of the introduction; the authors need to discuss their results in each point to other studies
5- Are there any studies on the topic from the Egyptian literature
6- Many other comments in the attached work file
7- Based on the results, do the authors recommend screening/diagnosing HCV cirrhotic patients for early diagnosis of HCC instead of AFP/us/CT protocol? WHY??????

8- check the uploaded file.

**Reviewer3:**

Please respond point by point to the attached comments.
The type of study is incorrect.
The sample size is not accepted to be tripled. Also, you calculate the sample size for a cross-sectional study while it is a case-control study. Please provide a reasonable, accurate sample size calculation.
What is the sampling technique?
Add test value or asterixis referring to the type of test used.
Add correlation between SAA and tumor-specific criteria.

Check the uploaded file.

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**Editor Comments to Author:**

1. Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct. They are cited in the order you wish them to appear in the final article. In addition, each author's affiliation details are correct.

2. Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (http://www.consort-statement.org/), and the clinical trial registration number should be included at the end of the abstract, where available.

3. Please include up to 10 keywords in your revised manuscript (including the four keywords you selected as part of the submission process).

4. Please amend the references as per the author's guidelines:

a. References should be numerically listed in the reference section in the order they occur in the text.

b. References should appear as a number, i.e., [1, 2] in the text.

c. References should cite three authors et al.: It is our house style to list a maximum of six authors and, if there are more than this, three authors et al.

5. Please ensure all tables and boxes are titled and cited in the text. Three-line tables are preferred.

Please find a link to the African Journal of Gastroenterology and Hepatology Author Guidelines, which explains these sections in more detail: <https://ajgh.journals.ekb.eg/journal/authors.note>.

6. Please check the PDF file of your manuscript regarding plagiarism checking.

7. Please add the scale bar, annotations, magnifications, and program that generated these figures. Also, it is better to submit figures with high resolution and brightness.