

Peer Review File

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**Reviewer A**

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Comment 1: This manuscript actually assesses the relationship between BMI and TE liver stiffness, and not necessarily fibrosis. Liver stiffness increases with obesity, metabolic syndrome, a recent meal, hepatic inflammation, etc.

Reply 1: Liver stiffness was interchangeably used with fibrosis score in the article prior to review. This was also given that all the patients underwent fibroscan after fasting for at least 4 hours, excluding the effect of a recent meal.

Changes in the text: We have changed the term fibrosis score in several places, including the title to “liver stiffness measurement” as appropriately pointed out by the review committee.

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Comment 2: The TE protocol has not been described to show accuracy of the examinations (IQR) and other associated patient characteristics. The proportion of M and XL probes used should be stated, and the TE protocol described in more detail.

Reply 2: In the article we have added a section to describe the TE protocol and answer the above question in detail

Changes in the text: Additional paragraph on page 4 under the title “Transient Elastography”

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Comment 3: In the BMI 40 and over there was a similar prevalence of F2, F3 and F4 suggesting a possible effect of BMI on accuracy of the LSM measurement.

Reply 3: We agree regarding the similar prevalence of fibrosis categories in BMI over 40. The effect may be possible due to the BMI. However, the positive correlation seen between LSM and BMI persisted even above the BMI of 40 according to our findings.

Changes in the text: No changes from prior. However, the above data is detailed in Table 2.

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Comment 4: Were there sex differences in LSM?

Reply 4: No statistical difference was found in regard to sex. This is detailed in Table 1.

Changes in the text: Table 1 and Supplemental table 1 – Table 1 contains the male female distribution in different fibrosis stages. However there was no statistical significance.

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Comment 5: I would be interested in seeing results in the context of liver biochemistry and FIB-4, especially since the findings are not novel.

Reply 5: This is one of the limitations of our study. We were not able to get all the parameters for all patients that would be necessary to calculate the FIB-4 scores.

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Changes in the text: none

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**Reviewer B**

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Comment 6: Good paper with clearly defined aims and objectives as well as methodology. It would be useful if the authors were to comment on what makes this research unique as opposed to research that has already been published in this area examining high BMI and TE

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Reply 6: Thank you for the encouraging words. In comparison to prior research regarding BMI and liver stiffness, our study showed the usefulness of transient elastography even in patients with BMI over 40. The positive correlation between BMI and LSM persisted even for a BMI more than 40, showing us that transient elastography is a useful tool in assessing fibrosis even in morbidly obese patients.

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