Answering reviewers

Osteosarcopenia in autoimmune cholestatic liver diseases: causes, management, and challenges.

Manuscript NO.: 71482

Reviewer #1

The review entitled "Osteosarcopenia in autoimmune cholestatic liver diseases: pathogenesis, diagnosis, and management of bone mineral and lean tissue loss" by Pugliese N et al. is devoted to the development of sarcopenia in primary biliary cholangitis and primary sclerosing cholangitis. The title, abstract and keywords correspond to the text of the article. The authors describe the current views on the problem, discussed the mechanisms of development of osteosarcopenia in cholestatic liver diseases, diagnostic methods and treatment principles. The authors presented a drawing showing the key positions of the pathophysiological mechanisms of osteoporosis development in cholestatic liver diseases. The authors appropriately cite the latest and relevant references. The manuscript is well organized and written. The title of the article should advisably give shorter, for example, "Osteosarcopenia in cholestatic liver diseases".

We thank the reviewer for his kind words. As suggested, the title has been shortened into “Osteosarcopenia in autoimmune cholestatic liver diseases: causes, management, and challenges.”.

Reviewer #2

This paper represents an excellent overview of current knowledge about osteosarcopenia in autoimmune cholestatic liver diseases. Review provides nice overview of the pathogenesis of osteoporosis and sarcopenia, association and interplay between both entities, with special emphasis on the specifics in cholestatic liver diseases, risk factors and changes related to disease stages. In addition to previous knowledge and identified risk factors, areas that require further research were highlighted. In the absence of guidelines, the authors offered recommendations for the care of patients with osteosarcopenia. Areas where there is no specific research in cholestatic diseases and where consequently it is not possible to give specific recommendations for these patients are highlighted. The review represents very good quality and I have no major objections. Minor language polishing is needed.

We thank the reviewer. Language and terminology have been revised to improve fluency and discursiveness of the text. The review has been also validated by a native English-speaker.