

Responses to reviewers

Name of journal: World journal of Gastroenterology

Manuscript Number: 46489

Dear Editors and Reviewers:

Thank you very much for giving the opportunity to resubmit our revised manuscript. We also are grateful for the reviewers' constructive suggestions and comments concerning our manuscript entitled "Risk factors for progression to acute-on-chronic liver failure during severe acute exacerbation of chronic hepatitis B virus infection" (ID: 46489). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Our point-by-point answers to the reviewers' comments are below, with amendment in red. We hope that the revised manuscript is now acceptable for publication. We look forward to hearing from you.

Response to reviewers

Reviewer 02528812:

SPECIFIC COMMENTS TO AUTHORS

The study entitled "Risk factors for progression to hepatic decompensation and acute-on-chronic liver failure in patients with severe acute exacerbation of chronic hepatitis B virus infection" is well performed and presented. In this study, the authors have evaluated hepatic decompensation and acute-on-chronic liver failure risk factors in severe exacerbation of chronic hepatitis B virus infection. According to the results, liver cirrhosis, high MELD score, high AST and low PTA can be considered predictors or risk factors of hepatic decompensation and acute-on-chronic liver failure in compensated patients with severe acute exacerbation of chronic HBV infection. This is an informative and valuable study and is very useful to

clinicians. This is an important issue to be considered in order to ensure early diagnose and proper management of hepatic decompensation and acute-on-chronic liver failure. I have no specific comments to the authors, only some minor language polishing should be checked.

Reply: Thank you very much.

Reviewer 03729295

In addition I would like to make important Specific Comments related your work: 1) We noticed in your study: Original findings: Liver cirrhosis (LC) is an independent risk factor for progression to both HD and ACLF. High model for end-stage liver disease (MELD) score, high aspartate aminotransferase, and low prothrombin activity are associated with progression to ACLF. 2) We noticed also: Clinical importance: ACLF and HD predictors enough well documented in patients with SAE of HBV chronic infection. Conclusion: summarize appropriately the study data Key problem: - Retrospective cohort study limit (e.g. follow up evaluation) - Small sample size (Power lack) 3) Future direction: A prospective investigation involving more patients is needed to further elucidate the risk factors associated with the development of ACLF in patients with SAE of chronic HBV infection.

Reply: Thanks for your valuable comments. Our study has several limitations. First, it was a retrospective, single-center study and we only studied patients' baseline clinical characteristics. We were not able to evaluate the predictive role of dynamic changes in HBV DNA as the short term changes in HBV DNA were not routinely measured in clinical practice. Although a few studies found viral kinetics can predict the severity of AE in patients with CHB. A recent study showed that in patients of CHB with spontaneous SAE either lamivudine or entecavir could induce a rapid decline of HBV viral load. Indeed, because it is a single-center study,

sample size is relatively small, however, to the best of our knowledge, this is the largest study cohort in an investigation of this condition. A prospective investigation involving more patients is needed to further elucidate the risk factors associated with the development of ACLF in patients with SAE of chronic HBV infection.

Reviewer's code: 02942289

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, The study by Dr. Yuan L et al entitled "Risk factors for progression to hepatic decompensation and acute-on-chronic liver failure in patients with severe acute exacerbation of chronic hepatitis B virus infection" is well written and performed. The manuscript may be published in the current status.

Reply: Thank you very much.