Dear Editor,

Thank you for provisionally accepting our manuscript for publication. We would also like to thank the reviewer for the helpful comments.

The changes we made in order to address these comments appear in italics in the revised manuscript and are described in detail below.

Answers to reviewers’ points.

1. When running the multivariate analysis for the factors associated with decompensation, did you adjust for confounding factors?

Answer: When running the multivariate analysis we did adjust for all possible confounding factors.

2. Also, it might be worth correcting the analysis for antibiotic treatment (both rifaximin and other antibiotics which may have had an impact on dysbiosis).

Answer: No patient with compensated cirrhosis was treated with rifaximin (Rifaximin is given in our outpatient clinic only for secondary prophylaxis of hepatic encephalopathy or in patients with ongoing encephalopathy) and therefore as far as the multivariate analysis for decompensated is concerned, rifaximin could not be a part of the analysis. In page 14 though par. 3 in the discussion part a sentence was added addressing to this “According to guidelines, in our department, no patient with compensated disease was under rifaximin treatment. Therefore the effect of rifaximin or other antibiotic treatment (patients with acute infection were excluded from our study) in the transition from compensated towards decompensated disease and their correlation to zonulin levels were not assessed” What is more in the result part page 10 par. 1 it was also added “No patient with compensated liver disease who was in the follow up group, was under rifaximin treatment while 8/27 patients with decompensated disease were receiving rifaximin. Patients with decompensated cirrhosis receiving rifaximin on baseline and followed up for at least 12 months, showed numerically higher serum zonulin levels at baseline, though not statistically
significant (patients on treatment: 4.49±2.37 ng/dL vs no treatment with rifaximin 3.41±1.08 ng/dL, p=0.144”

3. Figures as PDF files were provided
4. A space between the PMID and DOI numbers in the square brackets was inserted where needed.
5. The “Article Highlights” section was added.
6. The Institutional review board statement was re-uploaded in higher resolution.