

March 15, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16993-review.doc).

Title: Score model for predicting acute-on-chronic liver failure risk in chronic hepatitis B

Author: Fang-Yuan Gao, Yao Liu , Xiao-Shu Li, Xie-Qiong Ye, Le Sun, Ming-Fan Geng, Rui Wang, Hui-Min Liu, Xiao-Bing Zhou, Li-Li Gu, Yan-Min Liu, Gang Wan, Xian-Bo Wang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 16993

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) What is early intervention, namely the time and the way of intervention, and whether the early intervention method could be readily available or feasible in parts of the world where HBV is highly endemic. Otherwise, early diagnosis or prediction is meaningless.

Answer: The early intervention refers to assessing the risk of acute-on-chronic liver failure (ACLF) in severe acute exacerbation (SAE) patients and focusing more on the patients (total score ≥ 4) at high risk. For these patients, antiviral, liver-protective and supportive therapies should be administered early in the course of SAE. These treatments are feasible in most of the areas where HBV is highly endemic.

(2) In clinical practice, for SAE of CHB patients, clinicians may generally give standard medical treatment, as the author stated including bed rest, liver-protective treatment, energy supplements and vitamins, intravenous drop infusion plasma and albumin (ALB), maintaining water-electrolyte and acid-base equilibrium, preventing and treating complications, and antiviral therapies. This may prevent disease progression. Thus may influence the predictive value of the factors.

Answer: All of the patients received the standard medical treatments at the Beijing Ditan Hospital (Beijing, China), a specialized hospital of hepatology. Therefore, the impact of therapeutic efficacy on the disease progression and outcome analysis in the present study can be, to some extent, neglected.

(3) There are some other minor errors, such as $ALT > 5 \times ULN$ (200 UI/L) may be IU/L in page 5 line 21. "adefovir, dipivoxil" should be adefovir dipivoxil in page 6 line 1. "potassium (K), sodium (Na), creatinine (Cr)" should be describes as "serum potassium (K), sodium (Na), creatinine (Cr)" in page 5 line 7.

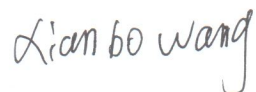
Answer: These errors have been corrected.

(4) This paper focuses on the occurrence, not prevention of ACLF

Answer: It is a wording error. We have corrected as "This study, to the best of our knowledge, is the first to focus on the occurrence and prediction of ACLF" in the Discussion.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink that reads "Xian bo wang". The signature is written in a cursive, flowing style.

Xian-Bo Wang, MD, Professor

Center of Integrative Medicine,

Beijing Ditan Hospital,

Capital Medical University,

Beijing 100015, China.

Fax: +86-10-84322301

E-mail: wangxianbo638@163.com