

Response to Reviewers' Comments

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30111

Title: Correlation of transient elastography with hepatic venous pressure gradient in patients with cirrhotic portal hypertension: a study on 326 patients from india

Reviewer's code: 00503530

I think that authors check documents well.

***Response:** We now checked all the requirements and included in manuscript.*

There is a question. Do you not divide the virus into HBV, HCV?

***Response:** There were only 17 cases of HBV, 30 cases of HCV, and 1 case of HBV+HCV. Since these numbers were very small, we clubbed them together as 'viral', which comprised 15% of total cases.*

I think that the coefficient of correlation of figure 1 is low.

***Response:** The correlation coefficient (Spearman rho) is 0.361; the P value (two-tailed) is <0.001; and the adjusted R squared (quadratic) value is 0.135. We agree that the Spearman rho of 0.361 in our study is lower than in other studies as depicted in Table 4; hence we have extensively discussed this in the Discussion section.*

When you distribute an object for cause distinction, the compensation period and the non-compensation period, does correlation become good?

***Response:** No, the correlation did not improve on dividing the patients into compensated and decompensated groups.*

Reviewer's code: 02920064

A lot of interesting points were found in this manuscript. But there are some points to be reconsidered.

[Major points]

1. About the exclusion criteria, were there any cases with ascites? In case with ascites, the value of TE is known to change.

Response: *Patients with significant ascites underwent large volume paracentesis before undergoing TE. We have mentioned this point in the Methods section now.*

2. How many operators performed the measurement of TE. If the operators were more than one person, please consider the concordance rate of their techniques about TE examination.

Response: *All TE measurements were performed by a single operator (Dr Praveen Sharma, a co-author of this study). We have now mentioned this point in the manuscript.*

3. Please describe the numbers (or percentage) of right, middle and left hepatic vein used on the measurement of HVPG.

Response: *All HVPG measurements were performed either through right hepatic vein or middle hepatic vein (and not left hepatic vein). This being a retrospective study, we do not have exact numbers of right and middle hepatic vein HVPG measurements.*

4. All information of table 3 was already described in the text, therefore, this table should be deleted.

Response: *As advised, we have now deleted the Table 3.*

5. About Figure 3, all best cut-off values (Se, Spe, PPV, NPV and accuracy) should be described. And please move all information of Table 4 into figure 3.

Response: Since the focus of our study is non-invasive diagnosis of CSPH we want to retain the Table 4, which specifically deals with CSPH. Giving cut-off values for all the stages of portal hypertension will confuse the general readers and not add to much information.

6. A lot of sentences are duplicated in discussion session. “We also ~” (p 12, lines 5 - 10) and “Our study ~” (p 14, lines 5 - 12). Please be concise the discussion session.

Response: We have tried to make the discussion concise now.

7. The sentences “In conclusion ~” (p 16, lines 7 -19) are also duplicated. I think these sentences are unnecessary.

Response: Conclusion is an important part of Discussion, hence we are retaining it.

[Minor points]

1. The abbreviation (SPH, VSPH) needs the description (p 12, line 5).

Response: We have described them on their first occurrence.

2. Please check the value of TE. Is the value of 21.8kPa correct? (21.6kPa?) (p 14, line 12)

Response: 21.6 kPa is the value we got from our study and 21.8 kPa is the weighted mean from all the studies, as shown in last table.

3. The abbreviation needs the description in table 2.

Response: We have described all the abbreviations now.

Reviewer's code: 00070280

Although this study is not a new one as the authors agree it is important as this is the first study in a south Asian population where the predominant cause is NAFLD. The authors acknowledge the weakness in a retrospective study.

Response: *We thank the reviewer for the positive comments.*