

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 technics 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.*