

December 9, 2016



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 30704-Revised Manuscript BCS prognostic indices for WJG.doc).

Title: Validation of Prognostic Indices in Egyptian Budd-Chiari Syndrome Patients: A Single-Center Study

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 30704

Invited Manuscript ID: 02441277

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 reviewers (highlighted in yellow color inside the manuscript file).

(1) In **PATIENTS AND METHODS** section:

- In pages 4 and 5, we added the methods used in determining etiology (Thrombophilia workup).
- In page 5, we clarified that Calculation of the available BCS prognostic indices was done for all patients, from their data at initial presentation.
- In page 5, we added how the Child-Pugh score was calculated.

(2) In **RESULTS** section:

- In page 9, we clarified that only three prognostic indices exhibited significant validity and predictive ability regarding the overall one-year survival; which makes them useful for individual decisions in day-to-day practice because their AUC exceeded 0.8; these scores were New Clichy, Clichy and Child-Pugh scores.
- In Table (1), regarding use of oral contraceptive pills, we added in footnote that percentage was calculated among female patients. We added numbers of males and females to the same table.

(3) In **DISCUSSION** section:

- We deleted the word "independent" from page 11 according to the reviewer's suggestion.
- In page 11, we clarified that the first year after diagnosis of BCS is a critical period and is related to longer term prognosis in those patients.
- In page 12, regarding the cut-off value of New Clichy score in previous literature, we clarified that: In the study of Zhang *et al* [23], the authors didn't mention any cut-off value for their PIs. However; through their ROC curve analysis, the New Clichy score AUC was the largest (0.776), and its Youden index was 0.44, indicating a high predictive value.
- In pages 11-13, we added the three recent studies discussing new and important data in this field (as suggested by Reviewer's code: 02457112). We added them also to References' list. We clarified that BCS patients from different geographic regions tend to show distinct disease etiologies, and we mentioned the difference between West and Egypt.

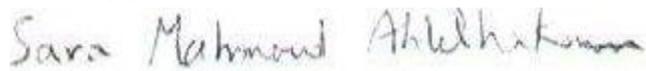
- (4) **In the Conclusion**, we clarified that Because BCS patients have different characteristics according to ethnic and geographical distribution; all prognostic indices could be more or less good in stratifying patients in clinical trials. However, further extended studies are needed to clarify the possibility of using a single prognostic index in the management of an individual patient.

3 References and typesetting were corrected.

4 We made English Language Editing according to American Journal Experts (AJE) (www.aje.com).

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

Sincerely yours,



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