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The editor
World Journal of Gastroenterology

Dear Sir,

Title: Chronic Liver disease is universal in children with biliary atresia living with native liver

Many thanks for the favourable review and the useful suggestions from the reviewers. The response of the authors to the comments of the reviewers are as follows:

Reviewer #1:

1. *Inclusion of Kaplan-Meier survival curve*: The authors appreciate the suggestion to include a Kaplan-Meier survival curve to the present manuscript. However, as our institution is a national referral centre, many children with biliary atresia were referred from other parts of the country. Thus, for logistic reason, many children with unsuccessful surgery were not followed up closely at our centre when it was apparent that the surgery was unsuccessful. Accurate information on the date of death on many children were unavailable. Thus, we are unable to plot a Kaplan-Meier survival curve for this study.

   Nevertheless, our previous publication on biliary atresia (Lee WS, *et al*. Outcome of biliary atresia in Malaysia: a single centre study. *J Paediatr Child Health* 2009;45:279-285) has shown that the median survival for those with unsuccessful surgery was 14 months (range 3-25 months). A Kaplan-Meier survival curve, showing the survival curves in children who were operated before and after 60 days, was also available in the same paper. This information has been included in the 'Discussion' section of the revised manuscript.

2. *Rationale for early referral for surgery*: Many thanks for this useful suggestion. In the same paper on biliary atresia published previously from our institution (Lee WS, *et al*. Outcome of biliary atresia in Malaysia: a single centre study. *J Paediatr Child Health* 2009;45:279-285), we have shown that surgery performed before 60 days of age had a significant chance of being successful as compared to those who were operated at or after 60 days (survival with

native liver at 2 years: 65% vs. 22%). This is an important rationale for early referral of biliary atresia in Malaysia. This information has also been included in the revised manuscript.

3. *Medical signs, symptoms or prodrome of unsuccessful surgery:* Many thanks for this useful suggestion. Indeed, close monitoring of all children with biliary atresia after surgery is essential to determine whether the surgery is successful. Similarly, our previous publication on biliary atresia had shown that children with unsuccessful surgery were more likely to have a significantly bigger liver and spleen size, a more deranged coagulation profile, a significantly lower serum albumin level, and a significantly higher serum GGT level as compared to children who had successful surgery. To avoid duplication of published material, the authors felt that it is more appropriate not to include these information in the present manuscript.

   Nevertheless, the authors agree that in country like Malaysia where liver transplant is limited, early referral for successful surgery is the only hope to avoid early liver transplantation. Thus, the authors have reiterated the importance of looking for signs of unsuccessful surgery so that appropriate referral for liver transplant can be made. This has been included in the 'Discussion' section of the revised manuscript.

Reviewer #2:

Many thanks the encouraging comments. The authors sincerely hope that the present manuscript will contribute to the body of knowledge in biliary atresia to improve the outcome of children with this condition.

Thank you,

Yours sincerely,

Dr WS Lee
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