Reviewer 1.

I would also like to know the etiology of cirrhosis in the study group and whether there is any correlation between the etiology and nutritional status.

Thank you for your review and valuable comments.

The causes of cirrhosis in the study group were alcoholic hepatitis in 49 patients (42%), HCV infection in 42 (36%), HBV infection in 17 (14%), non-alcoholic steatohepatitis in 10 patients (8%). The results of our study were not significantly different depending on the etiology of cirrhosis. These data are included in the revised manuscript.

Reviewer 2.

Did the parameters perform consistently when evaluating the nutritional status of the individuals.

Thank you for your review and valuable comments. I'd like to confirm that all study procedures were performed on each patient and all measurements were taken on each patient on the same day. This information is included in the revised manuscript.

How did the authors measure the extent of liver fibrosis in the study?

The required information has been added. Liver cirrhosis was diagnosed by non-invasive transient elastography method using the Fibroscan® 502 Touch device, while in patients with ascites, which is a contraindication to elastography, diagnosis was established based on clinical data, imaging, and laboratory results.

In the figures, the statistical comparison and significance were not shown to draw conclusions.

Appropriate changes have been made in the revised manuscript.

The ethnic statement was not shown in the methods part.

The study group consisted of Caucasian adult patients of Polish nationality. This information is included in the revised manuscript.

Reviewer 3.

Fat and muscle content indicators were mainly measured through the Body 770 device as indicators for evaluating nutritional status, but these indicators lack specificity.

Thank you for your review and valuable comments. The indirect aim of the study was to identify various measurement methods that could suggest malnutrition among people with liver fibrosis, so we also chose bioimpedance measurements using the medically certified InBody device, popularly used in medical offices.

Bioelectrical impedance analysis (BIA) is one of the methods listed in "EASL Clinical Practice Guidelines on nutrition in chronic liver disease" (Journal of Hepatology 2019, vol. 70: 172-193) as a method that can bring benefits due to low cost and ease of use, with the known limitations of body composition measurement associated with ascites. We decided to perform these measurements for practical reasons to assess the usefulness of this readily available method in assessing malnutrition in patients with cirrhosis.

Moreover, albumin itself is one of the criteria for C-P grading, and it is inappropriate to use albumin as an evaluation indicator to evaluate the nutritional status of different C-P grades.

Thank you for the comment. However, it seems to us that albumin can be used as a parameter for assessing malnutrition, in addition to being part of Child-Pugh scoring. This parameter is also commonly used to assess malnutrition, also in patients without liver disease. The Child-Pugh scale includes several other parameters that may affect the score, regardless of albumin concentration.

Answer to Company editor-in-chief: We would like to thank you for your help. The manuscript was supplemented with the latest publications using the helpful tool the Reference Citation Analysis, as recommended.