Answering reviewers/Revisions

"More studies should be referenced in this report (whether it is in the discussion or introduction)?"

-Added 9 additional references to manuscript (No 13-21)

"Table 1 does not have value for Hepatitis B flare for EASL only. Some percentages are not included.

The % is missing in the infection' EASL only' cohort"

-Table 1 edited accordingly

"Why are the numbers listed higher than the n for same columns? For example, APASL only on cause of acute liver injury has a higher n than 14 (21 reported in this case). Please review this table for accuracy."

-Added "Certain patients had more than one cause of acute liver injury"

"Title I would suggest incorporating the use of the APASL and EASL criteria into the title, as this will attract more readers."

-Title changed to "Acute-on-Chronic Liver Failure in a multi-ethnic Asian city: a comparison of patients identified by APASL and EASL definitions."

"I think the manuscript would also benefit from the inclusion of a table detailing the main differences in the APASL and EASL criteria- most readers will be more familiar with one set of criteria than the other."

-Main differences between APASL and EASL criteria have been stated in figure 1

"Table 3- only includes details for 70 out of 78 patients. Could you explain why the rest are not included?"

-Added "Only patients with cirrhosis were included in this analysis"

"Table 4- male gender, diabetes mellitus, and previous hepatic decompensation should be removed from the RACE section of the table and presented separately"

-Table 4 edited as suggested

"What would the authors recommend as a change to current clinical practice, if any? Please describe this in the discussion."

-As stated in discussion "Early diagnosis of ACLF and identification of indicators predictive of poor outcome (Organ failure score, creatinine, Amylase, INR will help to distinguish between patients with ACLF that would require transplantation from those that will survive with only organ support and intensive medical careand thus optimise treatment and survival"

"Is the observation that the APASL patients have a higher MELD score and lower mortality expected? Please describe in the discussion why this might occur"

" It is interesting to note that despite the fact the patients meeting ASAPL criteria can be non cirrhotic (and only 42.9% of this group are non-cirrhotic), that the MELD score is higher in this group than those who meet the EASL criteria alone or both criteria. Potential reasons for this should be postulated in the discussion."

-Further discussion has been added under "DISCUSSION" section - It is interesting to note that patients meeting the only APASL criteria had a higher MELD score than patients fulfilling the EASL criteria. This may be due to the fact that these patients may have had a more severe acute insult leading to acute decompensation. However, they generally had better outcomes due to better baseline liver function.

"More discussions on recent ACLF papers investigating pathology and etiology would also improve this study"

-We have decided to focus this study on the clinical profile of ACLF patients and the applicability of the APASL and EASL guidelines

"What do the numbers next to APASL and EASL criteria represent in Figure 1?"

-They represent relevant citations, figure1 has been edited to make this clearer

"To include Acknowledgments section"

-This has been added – subsequently removed as per editor

"As a Western reader, it would be helpful to have demographic information about the Singapore population presented in a figure"

-Have included a sentence under "Patient demographics" describing ethnic composition of Singapore"

"In Table 1, I am not sure that race or the presence of diabetes mellitus is relevant."
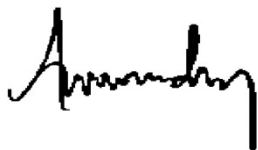
-Have decided to include race in this analysis in view of multi-ethnic nature of the study population. Diabetes mellitus has been removed from analysis

"I think the manuscript would also benefit from the inclusion of a table detailing the main differences in the APASL and EASL criteria"

-We feel that these differences have been succinctly been listed already in figure 1 and thus have not included this table

"Maybe you should reformulate the core tip, since your data show that while APASL may identify well patients with chronic liver disease decompensations, EASL criteria is stronger in detecting patients with high short-term mortality"

-Core tip has been reformulated