

April 13th, 2021

Dear editor,

Thank you for your decision letter regarding our manuscript entitled "The influence of type 2 diabetic mellitus in the prognosis of acute-on-chronic liver failure patients" (Manuscript Number ID:63213). We also thank the reviewers for the recognition of the scientific merits of our study and the valuable comments. We have revised the manuscript according to the reviewer's suggestion. Changes to the manuscript are shown in red. Point-to-point responses to the reviewers' comments are listed as follows:

Reviewer #1:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: We reviewed with interest the manuscript "The influence of type 2 diabetic mellitus in the prognosis of acute-on-chronic liver failure patients" In fact its an interesting work and has clinical implication, however I have some comments: Title: add the country of research into the title because data are applicable on certain population group, and as you mentioned in the background section that DM and ACLF has been addressed in other studies on different groups patient selection: complete the definition of ACLF according to APASL Put clear statement that chronic liver disease is there (whether diagnosed previously or not) the study is retrospective revise the last line before section 2.2 Results: INR was not different between the 2 groups, how it could predict mortality in uni/multivariate analysis ? did you tested the duration of DM and its effect on ACLF? General: introduction needs to be shorter Some language corrections are needed.

1. Title: add the country of research into the title because data are applicable on certain population group, and as you mentioned in the background section that DM and ACLF has been addressed in other studies on different groups.

Response: Thanks for your advice, we have agreed to add the country of research into the title. The research title was changed for Effect of type 2 diabetic mellitus in the prognosis of acute-on-chronic liver failure patients in China.

2. Patient selection: complete the definition of ACLF according to APASL

Response: Thank you for your careful review.

Patient selection: we have completed the definition of ACLF according to APASL in the study content. ACLF was an acute hepatic insult manifesting as jaundice (serum

bilirubin ≥ 5 mg/dL (85 mmol/L) and coagulopathy (INR ≥ 1.5 or prothrombin activity $< 40\%$) complicated within 4 weeks by clinical ascites and/or encephalopathy in a patient with previously diagnosed or undiagnosed chronic liver disease/cirrhosis, and was associated with a high 28-day mortality.

3. Put clear statement that chronic liver disease is there (whether diagnosed previously or not) the study is retrospective revise the last line before section

Response: Thanks for your comment.

All patients had chronic liver disease prior to the diagnosis of liver failure which were mentioned in the revised manuscript.

4. Results: INR was not different between the 2 groups, how it could predict mortality in uni/multivariate analysis? did you tested the duration of DM and its effect on ACLF?

Response: Thanks for your comment.

Actually, INR was not statistically different between DM and non-DM by t-test. INR could predict mortality in uni/multivariate Cox proportional risk regression analysis, because Cox proportional risk regression analysis considered survival time of ACLF patients which may influence the statistical performance of INR.

5. did you tested the duration of DM and its effect on ACLF?

Response: We did not further study duration of DM and its effect on ACLF, because this study mainly explored whether having DM or not affect the prognosis of ACLF patients. In addition, as this study was a retrospective study, DM duration of some patients were missing because they were dead. Further, we may discuss the effect of duration of DM on the prognosis of ACLF after collecting more clinical data about ACLF patients with DM.

6. General: introduction needs to be shorter Some language corrections are needed.

Response: We have shorter the introduction and revised the language of the whole revised manuscript.

We hope the responses can answer the reviewer's comments, if not, we are glad to accept the reviewer's suggestions and response again as quickly as possible.

Reviewer #2:

Thanks for your specific Comments.

Editorial Office's comments:

1. The "Author Contributions" section is missing. Please provide the author contributions

Response: We will provide the author contributions.

2. The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: We will supplement the approval documents provided by the funding agencies.

3. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We will provide the figures using PowerPoint.

4. PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: We carefully checked the reference list and added all the PMID and DOI except which don't have PMID or DOI in the reference list.

5. The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response: We will add the "Article Highlights" section at the end of the main text.

We would once again like to thank you and the reviewers for evaluating of our manuscript. We believe that the quality of our manuscript has been significantly improved after revising it according to the comments and suggestions. We hope that the revised manuscript is now acceptable for publication in your prestigious journal *World Journal of Gastroenterology*. We look forward to hearing from you.

Best Regards,

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