Format for ANSWERING REVIEWERS

May 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10561-review.doc).

Title: A study of liver cirrhosis over ten consecutive years in southern China

Author: Xing Wang, Shang-Xiong Lin,Jin Tao,Xiu-Qing Wei,Yuan-Ting Liu,Yu-Ming Chen, Bin Wu

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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 reviewer

(1) **Since laboratory data were collected in this study, it would be interesting to present some of those data (such as Child-Pugh and MELD score).**

Thanks for the excellent suggestion. We have modified Table 1 and illustrated the overall distribution of Child-Pugh score as stage A, B, C, as well as the mean value. We present MELD score as mean and median values.

(2) **The criteria for the etiological diagnosis of hepatitis B LC include cases who are positive for HBsAg and/or anti-HBc with high titer, and this implies the possibility of classifying as "HBV cases" patients with sequelae of past HBV infection as well as those subjects with occult HBV infection.**

In our manuscript, we enrolled cases with positive HBsAg for at least 6 months as HBV LC cases, which is consistent with chronic hepatitis B criteria presented by AASLD in 2009 (*Hepatology* 2009; 50: 1-36). Considering the risk of bringing in cases of past HBV infection, anti-HBc value was not taken as a current HBV infection markers, so as to missing some occult HBV cases possibly. We have revised the criteria for etiological diagnosis of hepatitis B LC.

(3) **Given the exceptionally low prevalence of alcoholic liver cirrhosis found, it would be important to provide further details about the criteria proposed by the Chinese Association for the Study of Liver Disease.**

I apologize for the confusion. We have added the diagnosis criteria of alcoholic LC in detail in Page 7, line 11-16.

(4) **The sentence in page 14, line 25 "… may progress to NASH or NAFLD" is suggested to be better writing as "... may have progressed from NASH to LC.**

Thanks for the advice on writing. We have taken the advice and changed the sentence “Therefore, they assumed that some of these patients may have unrecognized AIH or may progress to NASH or NAFLD” for “Therefore, they assumed that some of these patients may have unrecognized AIH or may have progressed from NASH to LC” in that paragraph.

(5) **The possibility of non-recognized NASH-related LC should be included and briefly discussed.**

Since most of NASH or NAFLD cases were treated as outpatients in clinic and few of them were admitted in, we hadn’t observed many of this kind of patients. Due to lack of some key features for metabolic syndrome (e.g. waistline, BMI) and histological diagnosis, there exist the possibility of missing unrecognized NASH-related LC cases in our study, which has been briefly discussed in Page 14, line 4-7 and Page 15, line 12-16.

(6) **The absence of control for liver function status when analyzing the impact of etiology on the risk of UGIB/HCC is a relevant limitation of the study and should be discussed by the authors.**

We used multivariate logistic regression to analyzing the relationship between UGIB/HCC and major complications. Actually, liver function status has been taken into consideration in analyzing the relationship and all the ORs have been adjusted for Child-Pugh score, age, gender, year and birthplace, presented in Table 6 and 7.

(7) **Before ending the discussion section, it is suggested to include a brief paragraph with the main limitations of the study.**

We have added a new paragraph for listing the main limitations of our study in the last section of discussion in Page 15, line 12-17.

(8) **Information showed in Table 1 would be better described by using a population (age) pyramid.**

We establish a new Figure 1 of population (age) pyramid with the data provided in the former Table 1.

(9) **For age comparisons, it is not clear enough which is the reference group; for the sake of clarity, it is suggested that only age comparisons should be showed in Table 3; and statistical analysis for etiology comparisons by gender can be easily added to Table 2**

In Table 3, the group of viral hepatitis is the reference group and has been noted. According to the suggestions, only age comparisons are shown in Table 3, and etiological comparisons by gender have been moved into the new Table 2.

(10) **It is suggested to use one table for UGIB and a second one for HCC. P values should also be included in both tables.**

We have divided the former Table 6 into two new tables, one for UGIB and the other one for HCC,

respectively. P values of ORs for both of them have been added at the same time.

3 References and typesetting were corrected

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

Sincerely yours,

Bin Wu, MD & PhD,
Professor and Chairman,
Department of Gastroenterology,
The Third Affiliated Hospital of Sun Yat-Sen University,
600 Tianhe Road, Guangzhou 510630, China.
Fax: +86-20-85253336
E-mail: binwu001@hotmail.com