ANSWER TO REVIEWERS

06 September 2012

Dear Editor,

Please find enclosed the edited manuscript of the full-text manuscript in Word format.

**Title:** EFFECT OF ALCOHOL CONSUMPTION ON LIVER STIFFNESS MEASURED BY TRANSIENT ELASTOGRAPHY.

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**Manuscript No:** 166

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Abstract has been updated according to editor’s suggestion
3. Key word have been updated according to editor’s suggestion
4. Revision has been made according to the suggestions of the reviewer
	1. Figure 1 has been added to the manuscript
	2. Table 1 has been completed with demographic data. As it is a retrospective study on transient elastography we do not have liver biopsy for all patient, which could be the only way to accurately assess the diagnosis of cirrhosis, thus we cannot determine how many patient actually had cirrhosis. For the same reason patients do not have determination of Child Pugh score or Meld score. In the same way we cannot ascertain the diagnosis of acute alcoholic hepatitis without liver biopsy which was not performed, thus we added the percentage of patient who had AST level at the initial and final date, which can be considered as a good surrogate marker of the absence of alcoholic hepatitis.
	3. Table 3 has been modified. As stated in the legend, numbers in Table 3 are percentage of patient for each category. The percentage symbol (%) has been added and the table has been modified to make it more clear.
	4. We added a statement in the discussion about the delay of the biochemical data we use in regard to the TE examination.
	5. We added a comment in the discussion regarding the timespan between the two TE.
	6. As already stated in the discussion we agree with the reviewer’s comment on the potential selection bias, however this is a retrospective study and until recently repeated examination by TE were not considered in liver disease, this explain the low number of patient. Moreover alcohol consumption follow-up is difficult and we choose to select only patients with definite information on alcohol consumption to avoid bias due to lack of information on alcohol cessation or relapse which was the main objective of the study. However we agree, as stated in the discussion, that these are preliminary data that need to be confirmed in well-designed prospective study to address this issue.
5. Reference were added according to editor’s suggestion

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

Sincerely yours,

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