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**Name of Journal:** *World Journal of Transplantation*

**ESPS Manuscript NO:** 24238

**Manuscript Type:** Randomized Controlled Trial

### **Answering reviewers**

We are grateful for the opportunity to correct the manuscript entitled "Exercise manual for liver disease patients – Randomized Controlled Trial", Manuscript NO: 24238. The questions and the modifications suggested by the reviewers are fundamental to the scientific enrichment of the manuscript.

All the amendments suggested by the editor have been accepted and they are in the revised manuscript. It was also edited and formatted in accordance with the Guidelines for Manuscript Preparation and Submission-Randomized Controlled Trial and Format for Manuscript Revision-Randomized Controlled Trial.

The first reviewer, reviewer's code 00158730, requested a detailed explanation of the control of worsening ascites in patients during the research and if it worsened this contributed to the respiratory difficulties. The presence of ascites was evaluated at two moments, at the first assessment and after three months. It was seen there was an increase in the number of patients with ascites after three months in both groups. However, there was no significant difference when comparing the presence of initial ascites to the final ascites in the control group and intervention group. Furthermore, when the presence of end ascites between groups was compared, there was no difference.

The presence of ascites after three months did not affect the respiratory profile variables studied in both groups. In the intervention group, patients with ascites at the end of the study time had worse scores on the Social Aspects

SF-36 domain, compared to those who had no ascites. It is known that ascites may be associated with worse quality of life, social isolation, absence from work and low self-esteem.

The second reviewer, reviewer's code 01560464, accepted the manuscript, commenting on the relevance of the study, since the exercises were able to improve inspiratory muscle strength and quality of life of the patients on the waiting list. The reviewer suggests that the study population is small and needs to be expanded in the future. Three other reviewers have given the same opinion.

The study sample is indeed small due to limited financial resources. A small number of *Thresholds IMT*<sup>®</sup> were kindly donated, and the same participants remained with them for three months. In addition, during the study we observed drop out due to some candidates being called for surgery, some gave up the procedures and some died.

Despite the small sample size, it was possible to find positive results with the proposed training. The manual can be used by other researchers who want to test its efficacy in larger populations and study the benefits of exercises performed preoperatively in the postoperative recovery period.

The third reviewer, reviewer's code 00052888, would like to be written in the manuscript that the two groups are not equal, since the incidence of ascites was lower in the intervention group, there may be interference in the results. Statistically, the samples of the groups were homogeneous, allowing a comparison between them. As discussed previously, the ascites had no effect on most of the results, particularly in relation to respiratory variables.

The discussion was reduced, but all results were discussed and, where appropriate, there was a citation from other studies in the literature in order to enrich the manuscript.

The title was modified respecting the amount of words established by the journal, with the addition of "Randomized Controlled Trial", as suggested.

In the materials and methods, some phrases were rewritten to be better understood, following the fourth reviewer's suggestion.

The fifth reviewer requested changes to the abstract. The first part of the results was transferred to methods. It was clarified that the sample included both men and women and all values were checked in the abstract, text and tables.

In materials and methods it was included how the randomization of the patients in each group was carried out. No software was used, the names of the patients were placed in identical envelopes drawn one by one, always by the same investigator. The sixth reviewer also questioned the exclusion criteria. It was clarified in the text that patients with high MELD could participate, if they were not bedridden and they were able to perform the exercises.

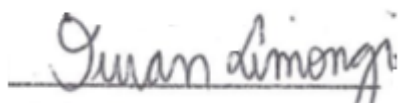
Regarding the increase in MIP in the control group, a possible explanation was commented on in the discussion but it was rewritten for better understanding.

Some positive results found in table 2 were discussed briefly. Some P values were inserted in table 1.

The correction of grammar errors was carried out and the English revised again by a native English speaker (Prof. Stephen Anthony Shaw), as requested by the reviewers.

We would like to clarify that we submitted the manuscript to *CrossCheck* analysis and it was found 33% similarity index. However, every word of the references was checked. It is expected that the references are cited by other authors. Excluding the analysis of references, we have 15% similarity index.

The authors are available for clarification of any doubts, as well as to make further revisions if necessary.

A handwritten signature in dark ink, appearing to read 'Vivian Limongi', written over a horizontal line.

Vivian Limongi

