

## Point-by-point responses

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO.:** 30173

**Column:** RETROSPECTIVE STUDY

**Title:** Risk of alcohol use relapse after liver transplantation for alcoholic liver disease

**Correspondence to:** Yasuharu Onishi, MD., PhD.

Thank you for your valuable suggestions.

According to your reviewers' comments, we revised our initial manuscript.

We prepared Marked revised manuscript and Clear version. Also, this response was separately made.

**To Reviewers nr. 00504119**

### 1. More positive data

Thank you for your positive evaluations. Thank you.

**To Reviewers nr. 02860874**

Thank you for your positive evaluations. Thank you.

**To Reviewers nr. 00504392**

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript.

### 1. The roles of the psychiatry and self-help groups

Thank you for your valuable suggestions.

Patients were treated by psychiatrists, if necessary. However, in our institution, the psychiatry and self-help groups work in a coordinated manner. Our style is a so-called 'team medicine'.

According to your suggestion, we added the mentions as follow: 'Patients were treated by psychiatrists, if necessary. However, in our institution, the psychiatry and self-help groups work in a coordinated manner. Our style is a so-called 'team medicine'. (Page 6 line 2-4, in the Marked revised manuscript).

### 2. Abbreviations in Table 1

Thank you for your valuable suggestion.

According to your suggestion, we deleted all abbreviations in the revised version of Table 1.

### **3. The cut-off level of HRAR score**

Thank you for your valuable suggestions.

The HRAR score higher than 3 will be associated with relapse into harmful drinking (Ref# 15). According to your suggestion, we clearly mention this point in the Marked revised manuscript.

However, we consider that ALD patients should be comprehensively evaluated, not only based on HRAR score.

According to your suggestion, we added the mention as follow: ‘The HRAR score higher than 3 will be associated with relapse into harmful drinking <sup>[15]</sup>. However, we suggest that evaluation based on HRAR score alone is not enough, and consider that ALD patients should be comprehensively evaluated. (Page 9 line 25-27, in the Marked revised manuscript).

### **3. Laboratory test**

Thank you for your valuable suggestion.

We did not employ the laboratory tests of alcohol-related substances for ALD patients evaluation.

According to your suggestion, we added the mention as follow: ‘In our institution, we did not employ the measurement of blood concentrations of alcohol-related substances, such as ethanol and carbohydrate deficient transferrin. (Page 9 line 17-18, in the Marked revised manuscript).’

### **4. Table 2**

Thank you for your suggestion.

We made mistakes in the initial Table 2.

We revised Table 2, correctly.

### **5. Mentions for alcohol drinking in Table 3**

Thank you for your valuable suggestion.

In this study, we used the unit of a standard drink in Japan contained 10 grams of alcohol, and we added it in the revised Table 3.

We thought that this mentions for alcohol drinking make sense in this field.

## **5. Others**

We made a mistake in the initial Table 3.

We revised Table 3, correctly (We changed 1 year to 3years in the part of alcohol relapse [case4]).