

Point-by-point response

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Column: Retrospective Cohort Study

Title: Hospital contacts with alcohol problems prior to liver cirrhosis or pancreatitis diagnosis

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Reviewer 1.

Comment no 1:

This study addresses the important subject of patient admissions with alcoholic liver cirrhosis and alcoholic pancreatitis. This is relevant because of missed opportunities to prevent and diagnose liver / pancreatic disease early through targeted interventions. I feel it would be important for the team to mention how "first diagnosis" was defined? Did they use a lookback approach (like in our Scottish study?).

Reply: We agree with the reviewer that this is not clear. We inserted the phrase: *"Patients diagnosed with alcoholic liver cirrhosis or alcoholic pancreatitis from 1977, when The National Patient Register was initiated, to 2008 were therefore excluded."*

Comment no 2:

Also, I am not sure why patients with diagnosis under the age of 28 were excluded (and why that age?). How many patients with first diagnosis of alcoholic cirrhosis / pancreatitis were in this age group? Was the lack of data because paediatric information was not available? Given the significant health burden for these patient and the huge potential of life saved I feel that these patients should be included.

Reply: We agree with the reviewer that alcohol problems can occur in children/teenagers as well. However, alcoholic liver cirrhosis and alcoholic pancreatitis are rarely diagnosed in young people. In our study, we only excluded 27 patients (total n = 9530) with alcoholic liver cirrhosis or alcoholic pancreatitis because they were less than 28 years of age. In Denmark, there are restrictions on alcohol sale for young people (16 years in shops/18 years in bars). We decided to exclude those patients who in fact was not able to drink legally in Denmark to obtain a more homogenous sample.

We inserted the sentence in the method section: *"In Denmark, there are restrictions on alcohol sale for young people less than 16-18 years. To ensure 10 years of follow-back before the diagnosis, we excluded patients less than 28 years of age at diagnosis (n = 27)."*

Comment no 3:

The inclusion of patients with alcoholic pancreatitis makes the study interesting and is a real strength (I was surprised by the high number compared to patients with liver disease, probably because these patients are usually managed by surgical teams). It would be useful to know more about this population for example in a follow on study (difference in survival / readmissions?)?

Reply: We agree with the reviewer that a prospective study on survival and admission rate would be very interesting. However we did not have access to prospective data in this nationwide study.

Comment no 4:

In figure 2 the histograms show time ranges which should be clarified in the X axis (e.g. "9 - 10 years" rather than "10 years"

Reply: We agree with the reviewer and have changed the figure accordingly.

Reviewer 2.

Comment no 5:

An interesting manuscript. In order to facilitate reading of the article I suggest that the authors provide the name of the alcohol-related ICD-10 entities (F10.0, etc, page 7)

Reply: We agree with the reviewer and have inserted the names of the alcohol problems. The sentence now sounds: *"A prior hospital contact with alcohol problems (alcohol intoxication [ICD-10: F10.0], harmful alcohol use [ICD-10: F10.1], or alcohol dependence [ICD-10: F10.2, F10.3, F10.4, F10.5]) was restricted to those occurring in the 10 years before the diagnosis of alcoholic liver cirrhosis or alcoholic pancreatitis.*