

Dear Editors,

Thank you for reviewing our manuscript (NO.46606): **The Value of Pretransplant Albumin-Bilirubin Score in Predicting Outcomes after Liver Transplantation.**

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

This manuscript has been edited and proofread by American Journal Experts.

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Rong-qian Wu

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

**Replies to Reviewer 1 (Reviewer's code: 00054120)**

Thank you for submitting your article to the World Journal of Gastroenterology, very interesting concept that you looked at. However, I have few questions and comments;

(1) Why you have chosen the recipients from DCD only and not including recipients from the conventional deceased donors? Although, the way you did it gave you one homogenous group but in the same token, this group with possibly higher post-operative complication rate due to the quality of the organs, including other recipients may broaden your scope and give more creditability to your study.

Response: We agree with the reviewer that including other recipients may broaden the scope of our study. However, DCD is almost the only source of organ donation in our hospital. This limitation was discussed in the manuscript. (Page 12, line 10-13, marked in red.)

(2) I noticed in Table-2 that the group with high ALBI scores has also higher MELD and higher Child grade. I wonder if you can look at this group (high ALBI) in a different way by splitting them into 2 subgroups; 1- with MELD= or more than 10 and 2- with less than 10. You may find that the impact of MELD score is more evident in this group than just ALBI score. Regards

Response: The results showed the group (n=85) with high ALBI scores ( $>-1.48$ ) has also higher MELD and higher Child grade. Based on your suggestion, we split the high ALBI group into 2 subgroups, MELD score  $\geq 10$  group (n=83) and MELD score  $< 10$  group (n=2). There was no statistically significant difference in the overall survival rate and incidence of complications between them ( $P > 0.05$ ).

**Replies to Reviewer 2 (Reviewer's code: 03475120)**

A lot of factors were used for univariate and multivariate analyses. Authors suggested a usefulness of their own score for LT waiting list. Especially in multivariate analyses, smaller factors should be used. Briefly, statistical analysis by using smaller factors (e.g., your score, MELD score, and Child-Pugh score) may show another results, because sample size was small for power analyses.

Response: We appreciate this suggestion. Accordingly, we put only three factors (i.e., ALBI grade, MELD grade and Child grade) into the multivariate analysis. The result showed a high preoperative ALBI score remained independently associated with poor survival after LT in the multivariate analysis with the OR (95% CI) of 3.262 (1.337, 7.958),  $P=0.009$ . Thank you.

The changes in the text are described in detail below.

1. The manuscript was prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins, and revised in the duplicated parts according to the CrossCheck report uploaded by the editor.
2. The language and grammar was polished by American Journal Experts (AJE). The language certificate letter was in the uploaded attachment.
3. The audio core tip with mp3 format was provided in the uploaded attachment.
4. All figures were rechecked and modified use distinct colors with comparable visibility and provided decomposably in a PowerPoint file named "46606- image files.ppt". The titles of the figures and tables were revised not including abbreviations, which added the abbreviations. (All figures, Table 2, and Table 4)
5. The manuscript No. has been added in the text.
6. The certificate of funding was provided in the uploaded attachment.
7. The statements of "Institutional review board, Informed consent Biostatistics, Conflict-of-interest and Data sharing" provided in the uploaded attachment. The permit number of institutional review board was added in the manuscript.
8. The P values of statistical significance were expressed as <sup>a</sup>P, <sup>b</sup>P, <sup>c</sup>P, <sup>d</sup>P, <sup>e</sup>P, and <sup>f</sup>P in the manuscript according to the editor's suggestion.
9. The article highlights were added including Research background, motivation, objective, methods, results, conclusions, and perspectives.
10. The references were checked and confirmed throughout. There are no repeated references. All authors of references were listed. The PMID and DIO citation were added.
10. The "liver transplant waiting list" was added as a keyword to the abstract in the manuscript.
11. The expression of some sentences is more refined after revised.

Thank you.