

Response to reviewers

Reviewer 00071066:

SPECIFIC COMMENTS TO AUTHORS

The manuscript titled: "Liver stiffness measurement and serum markers of liver fibrosis for excluding high-risk varices in patients who do not meet Baveno VI criteria" is well-written. The aim is to avoid unnecessary costly procedure of gastroscopy when possible without missing high risk varices. The authors gave clear definitions for the Baveno VI, grading of varices and the various liver stiffness markers. The aim was stated clearly. The methods were detailed to fulfill the aim.

Reply: Thank you very much.

However, few statements have to be re-phrased to for clarity.

-In material and methods: "All the patients with compensated liver cirrhosis who did not meet the Baveno VI criteria underwent gastroscopy were considered." This statement needs re-phrasing.

Reply: Thank you very much. I have revised this statement. Please see page 7 :
"All the patients with compensated liver cirrhosis who did not meet the Baveno VI criteria underwent gastroscopy screening during this period."

-In Results: page 12, AMELD needs to be changed to A MELD.

Reply: Thank you very much. I have revised this phrase. Please see page 12 :
line 5 : "A MELD score ≤ 7 ".

-In Discussion: However, the performance of serum markers of liver fibrosis is contested regarding EV or HRV prediction.^{8,19,31} . This sentence needs to be made more clear.

Reply: Thank you very much. I have revised this paragraph. Please see page 14: "However, there is disagreement on performance of serum markers of liver fibrosis in EV or HRV prediction.^{[8,19,31]"}

-In discussion: The different prevalence rates of HRV in these two groups may be a possible explanation, as the prevalence in the patients with ALT and TBil <2ULN (34.1%) was significantly higher compared to that in patients with ALT or TBil ≥2ULN (14.3%). Indeed, previous studies reported that the utility of serum markers of liver fibrosis in predicting EV or HRV are greatly affected by the prevalence.^{29,33,34} The previous statement needs to be discussed with better explanation to why HRV are more prevalent with less inflammation.

Reply: Thanks for your valuable comments. We have made a discussion to explain why HRV are more prevalent with less inflammation. Please see page 14: "Because patients with ALT or TBil ≥2ULN had obvious liver inflammation, which could elevate LSM, therefore, they were difficult to fulfill the Baveno VI criteria, and as a result, the prevalence rates of HRV in patients with ALT or TBil ≥2ULN were lower than those in patients with ALT and TBil <2ULN."

Although the Results were so complex as the negative predictive value of 100% was tested for all variables and with different stratifications, however, I congratulate the authors on the clarity of Figure 1, the algorithm is crystal clear. I also enjoyed reading the Limitations which very elegantly stated.

Reply: Thank you very much.

Reviewer 00069814:

SPECIFIC COMMENTS TO AUTHORS

interesting study. but small number of patients and retrospective as you mentioned in the discussion section

Reply: Thank you very much. Our study had several limitations. Additional large-scale, prospective studies are needed to further elucidate and verify our findings.

Reviewer 00050424:

SPECIFIC COMMENTS TO AUTHORS

It is an interesting study although retrospective. The number of patients is small but all patients suffered from HBV cirrhosis. I wonder whether the findings could be applied to patients with cirrhosis of other etiologies.

Reply: Thank you very much. This is a good suggestion. In the future, we can consider exploring the predictive value of liver stiffness measurement and serum markers in patients with cirrhosis of other etiologies.

To editor:

I have revised the manuscript according to Editor's suggestion, please see the revised manuscript. By the way, I am sorry for that I found a mistake of data and I have revised it. Please see the revised manuscript.