

December 13, 2021

Re: Submission of a Revised manuscript to the WORLD JOURNAL OF GASTROENTEROLOGY

Thank you very much for allowing us to revise our invited review (Manuscript number: 72558).

We are grateful for your reconsideration of our revised manuscript, Comments on “The Effect of Type 2 Diabetes Mellitus in the Prognosis of Acute-on-Chronic Liver Failure Patients in China” (by Wei Wang, Chenchen Pan, Wenying Zhao, Jinyu Sheng, Qiqi Wu, and Sisi Chen), for publication in the *World Journal of Gastroenterology*.

We are grateful to the Editors for their contributions and comments. We have revised our manuscript for grammar, style, and structure, and we hope that you will find it suitable for publication in the *World Journal of Gastroenterology*. In case of final acceptance, we agree to make this manuscript open access.

The changes in the manuscript are identified in the track change mode. Below please find a point-by-point reply to the reviewers. We used red to denote revised or inserted text.

Thank you for your time.

We look forward to receiving your decision.

Corresponding author: Sisi Chen, MD, Occupational Physician, Department

of Obstetrics and Gynecology, Taizhou Women and Children's Hospital of Wenzhou Medical University, No.188, Qianjin Village, Jiajia Street, Jiaojiang District, Taizhou, Zhejiang, Taizhou 318000, Zhejiang, China.
chensisiobstetrics@126.com

Reply to Reviewers

1. Reviewer #1 I read the letter with interest. I applaud the authors' effort in highlighting the important points that have not been discussed in the original manuscript because these points are crucial for conclusion and further interpretation. I have a few suggestions that could improve the overall manuscript. Comments related to the checklist mentioned: 1- The title reflects the whole theme discussed in the manuscript. 2-Abstract can be improved a bit. I would suggest that the authors be more specific in pointing out the most important points that should have been highlighted in the main study. As of now, the abstract seems a bit too general for the theme being discussed. 3-Keywords seem appropriate. I would suggest adding one more keyword based off the most important factor that was missed in the original manuscript used for writeup of the letter. 4-Background and Methods seem adequate. 5-The points that have been pointed out can be improved. Expand on the idea of 'age and time scope' as mentioned in the 2nd paragraph. In the 3rd paragraph, specifically mention the parameters that are most important and have been missed in the multivariate analysis. Other points that could be mentioned for Materials and Methods section include calculation of population size because a sample of 200 for a study period of 7 years is less. I would suggest adding one to two lines roping together all the information discussed as a conclusion. 6- Number of references is inadequate. The point about ALB can be elaborated upon and further explained with the help of references. The same can be said for risk factors that have just been superficially mentioned in 3rd paragraph. Another reference can be added for loss to follow-up. Kindly follow the format of the journal in referencing. A

few things (PMID etc) are missing. 7- Minor improvements in sentence structure are needed because the language at certain points seems a bit informal. For example, in paragraph 2 "Then, the author could determine the age scope of the conclusion", "We do not know how long the patient lived" and paragraph 3, "We do not know how long the patients were followed up, nor how the author defines the concept of follow-up". These sentences can be improved. Paragraphs 5 and 6 can be merged to one because both the paragraphs mention the following theme "the study mentions lung infection, urinary system infection, blood infection, and gallbladder infection with p-values that were close to 0.05". The last paragraph about results should be moved to just after "Materials and Methods". The conclusion is a bit wordy and can be made more concise. 8- Can the authors' suggest some form of hypothesis that can be worked on in the future as a part of the conclusion? Perhaps, adding a one-liner as a recommendation/suggestion. I believe that the letter has highlighted important areas for retrospective studies that should be definitely considered. Although this might not be novel yet emphasis on proper technique is always needed for improvement. In the future, researchers can benefit from this paper by not only taking into account the crucial requirements but also working on hypotheses suggested by the authors. Thank you for the opportunity to review this important article. Best of luck!

Thank you for reviewing our commentary. We have made modifications according to your recommendations.

1-Thank you for recognizing our title. 2-We have refined the most important points emphasized in the main research and improved the abstract by reducing it. 3-We added two new keywords based on the original manuscript (**prognosis and age**). 4-Thank you for your recognition of our background and methods. 5-In the second paragraph, we have expanded on the idea of 'age and time scope' as mentioned in the second paragraph. According to the

criteria of the WHO in 2012, a younger age was defined as less than 45 years and an older age as greater or equal to 45 years. Therefore, the author could have divided the original two groups into four groups. In the third paragraph, we further discussed the issue of too few samples in the article reviewed. In addition, we added a new summary paragraph. The new paragraph is at the end of the paper. 6-In view of ALB, we added three new documents and provided the corresponding PMID number. The sentence in the third paragraph has been deleted and changed. 7-The sentence structure and grammar in the second and third paragraphs have been adjusted. The fifth and sixth paragraphs have been merged. 8-In the new paragraph, we believe that age can be considered as one of the factors that affect the prognosis because in the two known groups, the effect of age is significant. We also mention that the sample size of the two groups is too different.

1. Lai RM, Chen TB, Hu YH, Wu G, Zheng Q. Effect of type 2 diabetic mellitus in the prognosis of acute-on-chronic liver failure patients in China. *World J Gastroenterol* 2021;27:3372-3385[PMCID: PMC8218358 PMID:34163118Doi: 10.3748/wjg.v27.i23.3372]
2. D'Angio RG. Is there a role for albumin administration in nutrition support? *Ann Pharmacother* 1994;28:478-82 [PMID: 8038474 Doi: 10.1177/106002809402800411]
3. Zaccherini G, Bernardi M. The role and indications of albumin in advanced liver disease. *Acta Gastro-Enterologica Belgica* 2019;82:301-308[PMID: 31314192]
4. Garcia-Martinez R, Caraceni P, Bernardi M, Gines P, Arroyo V, Jalan R. Albumin: pathophysiologic basis of its role in the treatment of cirrhosis and its complications. *Hepatology* 2013;58:1836-46 [PMID: 23423799 Doi: 10.1002/hep.26338]
5. Liver EAS. EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis. *Journal of Hepatology*

2018;69:406-460[PMID: 29653741 Doi: 10.1016/j.jhep.2018.03.024]

6. Margaron MP, Soni N. Serum albumin: touchstone or totem? Anaesthesia 1998;53:789-803[Pmid: 9797524 Doi: 10.1046/j.1365-2044.1998.00438.x]

7. World Health Day 2012 focuses on ageing and health. East Mediterr Health J 2012;18:303[Pmid: 22768689]

2.Reviewer #2 The critique doesn't appear intelligible. The comments authors made are relevant when made pre-publication. The abbreviations used in the letter are not up to the required standard.

Thank you for your comments. We have made significant revisions to the paper. We also addressed the abbreviated format of the paper to meet the requirements.