



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

## PEER-REVIEW REPORT RESPONSE

Dear Editor-in-Chief

I am sending enclosed the revised manuscript entitled “**Assessment of resting energy expenditure in patients with cirrhosis**” to be considered for publication in the original article section of this journal.

We were delighted by the reviewer's comments which helped to improve our manuscript. In brief, we addressed all specific concerns, and also provided the diagnostic criteria for liver cirrhosis, in accordance to all suggestions. We would like to address that the name of one of the co-authors (Roberta G Rayn) was misspelled in the original document, and we corrected it in the revised version of the manuscript.

We took our time to address all specific comments, and we grouped specific topics to facilitate our responses, as follows:

### SPECIFIC COMMENTS TO AUTHORS (REVIEWER 1)

1.The diagnostic criteria for liver cirrhosis are not clearly indicated, which should be specified and referenced in the manuscript.

**Response:** We thank you for this comment and we agree with your observation. Hence, the diagnostic criteria were rewritten, as follows:

“Data from the electronic medical records of the patients, related to the diagnosis, staging by the Child-Pugh score, age, and sex of the participants were collected. The diagnosis of cirrhosis was made by clinical, laboratory, imaging, and/or, eventually, liver biopsy in accordance with the hospital liver transplant group standards.”

2.The application conditions of paired sample T test are very strict. Whether the conditions of the data in the paper meet the paired sample T test, if not, the paired rank sum test should be used.

**Response:** We thank you for this observation. The conditions to use the paired samples T-Test were met. We considered the following criteria: a) The dependent variables were continuous; b) The data from each observation (RMR values) were independent of one another; c) The data from each variable were normally distributed; d) No outliers were identified in the data evaluated. Therefore, we believe that the analysis is correct. Nevertheless, using the paired rank sum test would not change our current results, as we can observe in this data table with the showing the Z values and the *p* relative to this alternative analysis:

**Table 3** Comparisons and correlations between resting energy expenditure measured by indirect calorimetry and different predictive methods

Variable	Mean ± SD (kcal)	Z value	P value	r <sup>2</sup> (p)
Indirect calorimetry	1607.72 ± 257.4	-	-	-
Bioelectrical impedance	1790.48 ± 352.1	-7.368	<0.001	.899 (<0.001)
Cunningham	1764.29 ± 246.2	-7.820	<0.001	.899 (<0.001)
Harris & Benedict	2373.54 ± 254.9	-8.239	<0.001	.767 (<0.001)
FAO/WHO	1616.07 ± 214.6	-1.825	0.068	.457 (<0.001)
IOM	1648.95 ± 185.6	-4.686	<0.001	.955 (<0.001)
McArdle et al.	1611.30 ± 241.8	-0.223	0.823	.899 (<0.001)
Mifflin et al.	1558.71 ± 201.0	-6.159	<0.001	.955 (<0.001)

**SPECIFIC COMMENTS TO AUTHORS (REVIEWER 2):**

The paper "Assessment of resting energy expenditure in patients with cirrhosis" is a very interesting one, extremely up-to-date. The aim of the study is to determine the resting metabolic rate (REE) of patients with cirrhosis by indirect calorimetry (IC) and compare the values thus obtained to those estimated by bioelectrical impedance analysis (BIA) and common predictive equations. This paper is important in identifying a method for



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**https://**[www.wjgnet.com](http://www.wjgnet.com)

calculating energy expenditure applicable in clinical practice, as the metabolic needs of cirrhotic patients are difficult to evaluate. There are many papers published lately in this subject, so this is an on-going medical subject. The paper is well written, reliable statistics. The only negative comment would be that it has not a healthy control.

**Response:** We thank you for all the observations. We agree that the main limitation of the present study is the absence of a healthy control group, and this was included in a statement in the discussion. However, we believe that our results are important to expand the current literature, which would benefit from the inclusion of a control group for further comparisons in future studies.

We sincerely thank you for your time and insightful comments on our manuscript and we have modified it to address all concerns. We believe that your comments have elevated the quality of our manuscript significantly and we hope you will be satisfied with our amendments.

Yours sincerely,

Sabrina Alves Fernandes

E-mail: [sabrinaafernandes@gmail.com](mailto:sabrinaafernandes@gmail.com)

Lattes: <http://lattes.cnpq.br/6270832848734750>

*Postgraduate Program in Hepatology, Federal University of Health Sciences of Porto Alegre (UFCSPA), R. Sarmiento Leite, 245 - Centro Histórico, Porto Alegre 90050-170, RS, Brazil.*



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