
12 December 2023

Dear Editor:

Thank you for giving us the opportunity to revise our manuscript "**Comparison of different preoperative objective nutritional indicators in evaluating 30-day mortality and complications after liver transplantation**" (Manuscript NO.: 89354). Below we reply point-by-point to the editor and the reviewers' comments, and we indicate where we have made changes in the revised manuscript.

We hope the revised text can be judged suitable for *World Journal of Gastrointestinal Surgery*, and to that end, we would be happy to answer any further questions that you or the reviewers may have.

We look forward to hearing from you,

Chuan Li

Comments to Author (required)

Reviewer #1:

1. This study identified several independent risk factors associated with 30-day mortality, including blood loss, prognostic nutritional index (PNI), nutritional risk index (NRI), and control nutritional status (CONUT). The 30-day mortality rate was 8.6%. Blood loss, NRI, and PNI were found to be independent risk factors for the occurrence of severe postoperative complications. The NRI achieved the highest prediction values for 30-day mortality (AUC = 0.861, $P < 0.001$) and severe complications (AUC = 0.643, $P = 0.011$). Compared to the high NRI group, the low NRI group had lower preoperative BMI and prealbumin and albumin levels, as well as higher alanine aminotransferase (ALT), total bilirubin, Model for End-stage Liver Disease (MELD) score and prothrombin time (PT) levels ($P < 0.05$).

Furthermore, the group with a low NRI exhibited significantly higher incidences of intraabdominal bleeding, primary graft nonfunction, and mortality. Although the results are not surprising, the study is well designed and written professionally. It may benefit from English revision

Response: We further polished the revised manuscript and provided relevant certificates.