

Point by point responses

This letter to the editor highlights the issue of sarcopenia in potential liver transplant recipients. The issue of sarcopenia in liver cirrhosis patients had gained much attention in the last decade. Sarcopenia is part of the factors summing up the functional state/frailty of the patient. There are many "online applications" helping physicians and hepatologists in particular assessing the recipients' pre-transplant frailty like the frailty index of UCSF. Comments: - The abstract is a 3 lines sentence!. This needs to be revised. Authors should state clearly: what was they aiming at in writing this letter?. - The reference to which the author(s) refer in the beginning of their letter as "Yin et al" is not present in the references section. - There should be a distinction between frailty and sarcopenia. The latter is only diagnosed by measuring psoas muscle diameter at the level of L3 in the abdominal CT. For the former (i.e. frailty); many tests have been proposed (as mentioned by the authors). - The pre-transplant management of sarcopenia is multidisciplinary. This should be mentioned. Inclusion of a nutrition team in every transplant center is important in the management of these patients pre and posttransplant. - The impact of sarcopenia/frailty on living donor transplantation should also be mentioned (no list and no priority in LDLT). Transplantation could be postponed to improve sarcopenia and frailty and hence the overall post transplant outcome.

Answer: Thank you so much for your comments on our manuscript. We have revised it as requested and revisions were marked yellow.