

We thank the reviewer as well as the editorial team for their thorough review of our manuscript and helpful comments, which we have used to improve our article. Our point-by-point responses to each of the suggestions can be found below, in bold. Further language polishing has been made as well. All changes made have been highlighted in yellow in the revised manuscript.

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:**

The study compared the effectiveness and safety of palliative LTAD and LVP in refractory ascites secondary to end-stage chronic liver disease by retrospective, observational cohort study.

1.The study design needs to be clearly defined in the abstract.

**Thank you for the valid comment. The study design has now been clearly defined in the METHOD section in the Abstract.**

2.The small sample size (30 experimental groups, 19 control groups) affects the reliability of the results. Does the author consider extending the review time and increasing the sample size.

**We are aware that the small sample size limits the reliability of the results and have acknowledged this accordingly. Nevertheless, to our knowledge, our study represents the largest set of real-world data comparing the use of LVP versus Rocket® indwelling peritoneal catheters in a cohort of palliated cirrhotic patients with refractory ascites. We included all consecutive patients with end-stage chronic liver disease requiring palliative drainage of ascites followed-up at our UK tertiary centre between January 2018 and December 2022. Even though we appreciate the rationale of a larger cohort, we are mindful of the fact that extending the 5-year study period would not increase our cohort significantly, as it would only allow the addition of very few patients seen for the first time in the last 12 months (Jan-Dec 2023), while no sufficient data are available before 2018.**

3.Limitations need to indicate that the current evidence quality and credibility are insufficient. In the future, larger sample study is needed, and it is recommended to conduct RCT to further validate the results.

**Thank you for the comment. We have modified the part discussing these limitations at the end of the Discussion, to highlight this further. A multicentre randomised controlled clinical trial to assess safety and cost-effectiveness of LTAD in comparison with LVP for the management of refractory ascites in patients with**

end-stage chronic liver disease is currently underway in the UK. We have mentioned this both in the Introduction and Discussion sections.

4.The appendix needs to be provided to describe the other treatment methods received by these individuals during the period.

Many thanks for this comment. Both treatment methods (large volume paracentesis and LTAD) are described in detail in the Material and Methods section. We have explained that all patients undergoing Large Volume Paracentesis received Human Albumin (8-10 g/L of ascitic fluid removed) to prevent paracentesis-induced circulatory dysfunction. Additionally, we have explained that “in preparation for the paracentesis drain insertion, patients received appropriate advice regarding withholding current anticoagulant treatment, according to the local protocols”. As further mentioned, in the LTAD group, “correction of clotting parameters was considered necessary prior to the procedure if INR > 2 and/or a platelet count <  $50 \times 10^9$ . Active anticoagulation was withheld before drain insertion according to the local protocols”. Furthermore, in Table 1, we have shown total numbers and percentages on the use of prophylactic antibiotics and diuretics in the 2 groups.

We have now also included data on concomitant use of non-selective beta-blockers, antihypertensive, metformin and lactulose (all non-significantly different between the two groups), in Table 1. The concomitant treatment for the individual patients has now been reported in Supplementary Table 1.

5.Potential confounding factors should also be described more clearly.

Many thanks for this comment. The description of potential confounding factors has been expanded in the discussion (pages 15-16).

6.Multiple subgroup/stratified analyses should be considered to eliminate potential confounding effects and enhance the reliability and stability of the results.

We did consider undertaking multiple subgroup/stratified analyses indeed, to eliminate potential confounding effects. Unfortunately, the small size of our cohort, and the even smaller size of the different subgroups did not allow a reliable subgroup analysis.

7.Security should be described in the form of a table for easy reading by readers.

A comparison of the “safety” related events and outcomes between the two groups is described in Table 2. The title of the table has now been modified as: “Comparative outcomes and safety events by type of ascitic drainage”.

*(1) Science editor:*

**1 Scientific classification:** Grade C.

**2 Language classification:** Grade B.

**3 Specific comments:** (1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

**The Figures cited in the original manuscript have now been provided in the form of editable PPT. All figures are original and created for the manuscript. The figure legends have now been formatted as per Editorial Office's comment.**

(2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text (and directly before the References).

**The "Article Highlights" section has now been added to the manuscript, as requested.**

(3) Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

**The tables have now been formatted according to these guidelines.**

(4) Please provide the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country.

**According to the Integrated Research Application System (<https://www.myresearchproject.org.uk>), in the United Kingdom, research undertaken by staff within a care team using data previously collected in the course of care for their own patients or clients does not require Research Ethics Committee review provided that data is anonymised in conducting the research.**

**We have added the above statement as a footnote in the revised manuscript. (The audit approval by the Clinical Audit Division at Oxford University Hospitals NHS Foundation Trust (REC:8587) is available upon request).**

(5) Please provide the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors' country.

No informed consent was required for this study, as the information used was collected as part of the normal clinical care and data were collected retrospectively by the care team involved and were anonymised. All the patients were consented before the procedures (drain insertion/paracentesis) as part of the local standard operating procedures.

(6) Please provide the filled conflict-of-interest disclosure form.

**The conflict-of-interest disclosure form has now been filled in and submitted.**

**4 Recommendation:** Transfer to other BPG journals (*World Journal of Gastrointestinal Surgery*).

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Transfer to another BPG Journal

*(2) Company editor-in-chief:*

I recommend the manuscript to be published in the *World Journal of Hepatology*.