**Response to Reviewer:**

Thank you for the constructive and thoughtful comments concerning our manuscript entitled "Prevalence and clinical impact of sarcopenia in liver transplant recipients: A meta-analysis" (Manuscript ID: 88962). Those comments are valuable for improving the quality of the paper. We have revised the manuscript to address the issues raised in the comments. Specific changes in the revised document are highlighted in yellow. Besides, we corrected several minor mistakes and provided additional information in the revised version of our manuscript.

We hope that the revised version is now satisfactory and suitable for publication in World Journal of Gastroenterology.

Reviewer : A well written nice article addressing important issue in patients in the waiting list before liver transplant and their outcome Some data are missing from other Centers like Egyptian data and kingdom of Saudi Arabia Despite they have already published data that should be included specifically Egypt as they have only living donors that may have impact on transplant outcome

**Response:**

We thank you for the constructive and thoughtful comments. Based on your suggestion, we re-conducted the literature search and found one research conducted in Egypt that met the inclusion criteria and did not meet the exclusion criteria (Impact of Sarcopenia on Short-Term Complications and Survival After Liver Transplant. Exp Clin Transplant 2022; 20: 917-924). This article was published online within a month of our literature search time, so we updated the included articles in the revised manuscript. However, there was also no research form kingdom Saudi Arabia was met the inclusion in the revised manuscript. In the revised manuscript, we found that Africa had the highest pooled prevalence of sarcopenia among patients undergoing LT (57.6%, 95%CI 50.0–65.1). In addition, some of the pooled data have changed due to the increase in included literature. Therefore, we have made the revisions one by one in the revised manuscript. Since long-term outcome data were not available in the newly included literature, the data regarding sarcopenia and outcome did not change. Despite updating some of the data, we found that the conclusions of the article did not change. Sarcopenia was associated with an

increased risk of post-LT mortality in patients undergoing LT.