

ANSWERING REVIEWERS

Name of journal: World Journal of Hepatology

Manuscript NO.: 29425

Column: Observational Study

Title: Malnutrition negatively impacts the quality of life of cirrhotic patients. An observational study

Reviewer's code: 03253495

COMMENTS TO AUTHORS: Very nice and well written paper. I only advice authors to have their manuscript revised by a native speaker as there are many mistakes/typos (for instance "Discusion").

RESPONSE TO REVIEWER: Dear reviewer, thanks for your kind comments. The manuscript was revised and corrected by a native speaker (Luis Servín-Abad, from USA) as you request.

Reviewer's code: 03260869

COMMENTS TO AUTHORS

ABSTRACT: health-related quality of life (HRQL): the abbreviation was demonstrated at the begining of the abstract and never used later in the abstract. "Patients were request to assess them global quality of life" does this statement mean: " Patients were requested to assess their global quality of life"? "the media of age " does this mean: "the median age"? A total of 51 patients (40.2%) assessed their quality of life as well-being??? what does this statement mean? Acceptable quality of life? "and feel decrease level of energy"? "and feeling decreased level of energy" **METHODS:** neumopathy, does it mean pulmonary disease (pneumopathy?) **RESULTS:** Regard the etiology of the cirrhosis: regarding? As regards? A total of 51 patients (40.2%) assessed their quality of life as well-being? previously pointed to in the abstract. presence of bodily pain, the shortness of breath been a problem for daily activities, not been able to eat as much as patient would like, decrease of strength, troubles lifting or carrying heavy objects, and feel decrease level of energy :NEEDS MAJOR LANGUAGE CORRECTION" Table 1: Tricipital skinfold thickness (cm): Triceps skinfold Table 3: How much of time; was it expressed in hours or minutes? Figure 1: How was the Kaplan-Meier curve calculated for the patients? was the QOL questionnaire used at regular intervals together with the nutritional assessment (SGA)? This analysis needs explanation. Does taking repeated analyses over a time period change the study design to retrospective cohort?

RESPONSE TO REVIEWER: The manuscript was revised and all grammar mistakes were corrected by a native speaker (Luis Servín-Abad, from USA) as you request. In material and methods we add the explanation about how we constructed the Kaplan -Meier curves. The CLDQ was applied only in one occasion at the time of interview, for this reason we do not considered a retrosepctive cohort.

Reviewer's code: 03258338

COMMENTS TO AUTHORS: I think that the manuscript submitted for possible publication, can be accepted. It sheds light on the important role of nutrition in liver disease and gives suggestions for nutritional management and evaluation of cirrhotic patients.

RESPONSE TO REVIEWER: Thanks for your kind comments.

Reviewer's code: 02729576

COMMENTS TO AUTHORS: Your study results speak for themselves so, I think these results should be distributed publically for understanding the importance of preventing malnutrition and and perhaps design a clinical protocol.

RESPONSE TO REVIEWER: Dear reviewer, thanks for your kind comments.

Reviewer's code: 03262097

COMMENTS TO AUTHORS: Dear authors, how are you, this is a good work with new and good idea but, some recommendations might improve it. good luck.

RESPONSE TO REVIEWER: Dear reviewer, thanks for your kind comments. The manuscript was revised and corrected by a native speaker (Luis Servín-Abad, from USA) as you request.

Reviewer's code: 02567564

COMMENTS TO AUTHORS: Major Concerns 1. Major flaw is with the study design which is not clear 2. Also, improper use of language makes the paper uninterpretable in parts Introduction: 1. That HCV is likely to result in higher frequency of cirrhosis in

future is unlikely as with availability of directly acting antivirals the frequency of HCV cirrhosis is likely to reduce. Please make changes to reflect this factual situation 2. The paragraph “Due to high prevalence of chronic hepatitis C and increased incidence of metabolic syndrome and non-alcoholic steatohepatitis, the cases of individuals progressing to cirrhosis is expected to increase until about 2030 [6<http://link.springer.com.pbidi.unam.mx:8080/article/10.1007%2Fs11894-012-0301-5> - CR3]. Despite increasing knowledge of the pathogenesis of cirrhosis, and major advances in the treatment, there remains a paucity of information related to health related quality of life (HRQL) in these patients. Furthermore, the emotional impact of cirrhosis on individual’s lives is rarely considered in clinical practice [7].” Can be removed as it does not really add to the information needed for interpretation of the work Methods 3. What is meant by direct interview when possible? If not possible, how were these scores calculated or is it a routine exercise to calculate SGA and CLDQ in all patients with cirrhosis 4. Were MELD scores available. If yes, did they have any correlation with the malnutrition 5. What is neumopathy? 6. Why was SGA chosen? Aren’t better parameters and systems available. Results 7. What is media of age? Or was it mean of age? 8. Salient results about CLDQ should be mentioned in results section Core tip 9. Please rewrite as it is not clear 10. The assessment of CLDQ as has been provided is difficult to interpret. It will be better to describe the findings of CLDQ in different domains rather than each of the questions and Table 3 can best be used as supplementary appendix.

RESPONSE TO REVIEWER: Dear reviewer, thanks for your kind comments. The manuscript was revised and all grammar inconsistencies were corrected by a native speaker (Luis Servín-Abad, from USA) as you request. MELD score was not available. SGA was chosen for this study because of it is a simple bedside method recommended by the experts when other more accurate methods, such as, phase angle or body cell mass measured by bioelectric impedance analysis, are not available to assess nutritional status. Media of age was a grammar mistake, the correct term is actually “mean of age”. CLDQ were mentioned in results. Core tip was restructured to make it clearer. All originally CLDQ questions were evaluated in these patients, therefore we present in this format to show the complete evaluation.

With kind regard

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