REVIEVER REMARKS

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Manuscript Type: ORIGINAL ARTICLE

Retrospective Study
Trends of Alcoholic Liver Cirrhosis Readmissions from 2010 to 2018: Rates and Healthcare Burden Associated with Readmissions.

Kichloo A *et al*. Trends of Alcoholic Liver Cirrhosis Readmissions.

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Dear Editors,

Thank you for considering our manuscript for publication in World Journal of Hepatology. We would also like to thank the reviewers for their time and effort. We have amended the paper accordingly and have addressed all of the reviewer comments described below. The changes per reviewer comments are highlighted in red in the main revised manuscript.

Thank you very much.

Reply to Reviewer Comments:

Reviewer 1:

Kichloo et al. aimed in their retrospective study to present the character of readmissions among ALC patients in the US during previous years (20110-2018). The general idea of the work is very appropriate because of the common character of the disease all over the world and its severe complications, requiring professional treatment. The results obtained from the used database are quite interesting (together with tables). I perceive that authors went through the most essential aspects of analysed readmissions, nevertheless, I would like to point out a few things. In my opinion, Authors could speculate a little bit more about the differences in the treatment of ALC between men and women that can be found in literature (e. g. outcome, certain complications, data connected with the development of cancer) and possible exact reasons of readmissions except alcohol disorders. What are the most troublesome aspects connected with the treatment of cirrhosis? What is the future of this treatment? How to use presented data in clinical life? I think that adding this clinical background will improve the general shape of the article. Generally, I accept the paper, however, It seems to me that modifying highlighted above issues will make it even more valuable.

Author Response: Thank you for your remarks. We highly appreciate your time and effort to help us improve the quality of our manuscript.

In this article, our primary objective was to identify the trends of readmissions of Alcohol Liver Cirrhosis (ALC) in the United States from the National Readmission Database (NRD). You raise an excellent point on the treatment aspect of ALC in the general population. However, in this study, we do not comment on the specific treatment aspects of the disease as the NRD lacks data on the hospital course and the treatment aspects of the ALC. Therefore, we do not have the data to compare the treatment aspects of ALC in our study population to other studies in literature. We

have added this in the limitation section of the manuscript.

Furthermore, we have edited the manuscript to reflect how this data can be used in clinical life. Due to the rising 30-day readmissions of ALC in the US, we strongly believe that clinicians should be made aware of the magnetite of the problem. Our study reflects the need for enrolment of patients with ALC into alcohol rehabilitation programs on index admission, extensive patient education, regular outpatient follow-ups and early effective alcohol use disorder treatments in the outpatient setting to prevent development and readmissions in ALC patients.

Please note that we have also edited grammatical errors in the manuscript.

Reviewer 2:

The manuscript is very well written with no major errors in it. I would like to mention few minute changes for this article. First, please prode the P value for the LOS and THC in the abstract and in the statistical result section. Second, Please add few informative sentences on ICD 9 and 10 with reference in the introduction section. As many would not know that as per ICD K70. 30 or 3x what is the difference and patients hospitalized was for fibrosis without ascites. Third, In abstract it was mentioned that "Inpatient mortality showed a decreasing trend from 10.5 % to 8.2% in 2018 (p-trend =0.007)" Please add in the abstract and result section of the main body of the paper if the mortality is for ALC or it is overall inpatient deaths during 2008-2018, please provide specifications for death rate. Fourth, what is the cause of deaths has to be discussed. It is better to provide more evidence on the specific cause of deaths with the duration of disease progression from fibrosis to HCC observed in ALC patients. Hospital admission is occurring in the fibrosis stage and patients are surviving the compensated as well as uncompensated cirrhosis stage and progressed towards HCC. Since, the mortality decreased what measures were frequently taken to takle the life threatening conditions of ALC patients. You have the data if you can

provide more insight into this epidemiological event it would be more helpful for physicians. Multivariate and univariate analysis would increase the overall weightage of this manuscript discribing the cause of deaths. As per my believe the survival rate may not remain the same if you consider 10 years data. I will request the editor to provide you with sufficient time if you want to make these changes.

Author Response: Thank you for your remarks. We highly appreciate your time and effort to help us improve the quality of our manuscript. The following comments have been addressed:

1. Thank you for your comments. The p-trend for LOS is <0.001 and has been added in the abstract and the statistical results section.

2. Thank you for your comments. We have added a sentence at the end of the introduction section explaining the ICD codes and that it was for **all** patients with a diagnosis of ALC. The 'X' in K70.3X represents the subcode within the K70.3 diagnosis code.

3. Thank you for your comments. We have specified that the inpatient mortality is for 30-day readmissions of ALC.

4. Thank you for your comments. We would be unable to comment on the cause of death and specific cause of deaths with the duration of disease progression from fibrosis to HCC observed in patients with ALC due to the lack of data in the NRD database. Additionally, the NRD database does not contain information on the hospital course and the treatment aspects of the disease. We have added this in the limitation section of the manuscript. Furthermore, we access the NRD database through our institution which has the dataset only for the 2010 – 2018 period. We would not be able to obtain additional data due to financial restraints.

Please note that we have also edited grammatical errors in the manuscript.