Dear Editror,

Please find below the changes suggested by the reviewers.

Best regards

Carlos Terra

#### Reviwer 1

- General comment: Make sure, the way of writing. Make it smart way, suitable for reader – PROVIDED (Some aspects of this section have been rewritten)
- 2. It must be written in ittalized: PROVIDED
- 3. Line space for all: PROVIDED
- 4. Please AOR, CI if you can: PROVIDED (Reference 20)
- 5. See your reference: REVISED (We applied the Reference Citation Analysis and updated some references)

## Reviwer 2

- The give a better overview about the studies, I suggest to include a Table
  with bibliographic data and the most important details of the studies. This
  would facilitate the readability of the manuscript and could better guide
  the reader to draw his own conclusions: PROVIDED (TABLE 1)
- 2. "The "ESKAPE" pathogens (Enterococcus faecium, Staphylococcus aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, and Enterobacteriaceae species) remain to be leading causes of MDR (multidrug-resistant) infections throughout the world and were designated by the Word Health Organization as "priority organisms" to focus and guide research and development related to new antibiotics(1)". Against which antibiotics are these ESKAPE pathogens resistant? Is there an emergence of new resistant strains, e.g., E. faecium? Please give more details on this problem: PROVIDED (in "Introduction" section)

- 3. Several time, the authors mention standard treatment or classical antibiotic treatment. Please give details: What is standard? What is "not standard"?: We have included one figure and one table summarizing the best approach for cirrhotic patients with infection.
- 4. Figure 1 not informative, if the Figure does not differentiate between different countries. There is surely a gradient e.g. in North versus South America, or between Central Europe and Russia. Why are MDRO so frequent in China?: We understand that representing the burden of infections caused by MDR bacteria per continent is a limitation. However, data are available only for a modest number of countries (and, actually, for a few regions in these countries), which might justify some generalization. Considering that you found that figure 1 was not informative, we decided to suppress it.
- 5. The suggestions for diagnostic measures and particularly for therapy are too general. Would the authors give recommendations for choice of antibiotics? Carbapenems? Vancomycin? Piperacillin/Tazobactam? 4th generation cephalosporins? Newer antibiotics?: PROVIDED (FIGURE 1 and TABLE 3)
- 6. "Reports from the United States and Europe estimate a death toll of 29.000-33.000 patients each year, with a huge attributable healthcare cost (2-4)". Does this number refer to MDRO or PDRO or both combined?: There is no information whether they are MDRO or PDRO infections. The references only inform that they are resistant infections

# Reviwer 3

- 1. In Abstract, conclusion should be rephrased: PROVIDED (Conclusion section has been rewritten)
- 2. Introduction is not well organized to show the necessary and emergence: PROVIDED (Several parts of the Introduction have been rewritten)
- 3. Risk factors for multidrug resistant bacterial infections section: Here, in addition to discussing the well-established risk factors for MDR

- infection, we also comment on other risk factors for which data are still controversial without a clear definition of their meaning.
- 4. Figure 1 Prevalence of infections caused by multidrug-resistant bacteria in patients with cirrhosis. How can author explain the figure while it's not so clear and how he developed? Is it any copyright and license? About figure 1, we decided to suppress it.

## Round 2

Specific Comments To Authors: Probable due to a technical problem, the Tables and Figures cannot be read in the present docx version. Please send a new version. Maybe PDF would be better?? Generally, I recommend publication. However, I must see a correct version before.

### Dear Chen

Please attached find the archives related to the manuscript n° 81465. This group of authors belongs to the Alliance of Brazilian Centers for Cirrhosis Care – the ABC Group. Please include this information with the list of authors.

Best regards