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August 20, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1_28013-Revised manuscript.doc, 1_28013-Revised manuscript _clean.doc).

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 28013

Title: Assessment of scoring systems for acute-on-chronic liver failure at predicting short-term mortality in patients with alcoholic hepatitis

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

The manuscript presented by Kim HY et al explores the ability of new scores proposed for patients with cirrhosis and acute decompensation in predicting mortality in alcoholic hepatitis. The authors investigate in a multicenter and retrospective study the predictive capacity of new score systems proposed for patients with cirrhosis and acute decompensation. Several shortcomings arise from the paper and deserve further comments:

Methodology: As recognized by the authors in the discussion, the paper is a retrospective study including patients with a clinical diagnosis of AH. Another issue is the medical management of the disease, left to the physician's discretion. As a consequence the risk of selection bias is high in the study and the results and conclusion may be inaccurate. In order to solve these limitations, I wonder whether or not there is a subpopulation with available histology to study the performance of the scores in a more homogenous group of patients.

Response) Thank you for the comment. Unfortunately alcoholic hepatitis was clinically diagnosed in this retrospective multicenter study. Therefore, there is no subpopulation with available histology.

Results are interesting, showing a good performance of CLIF SOFA and CLIF C OFs scores on the studied population. Given the methodological limitations of the study, a validation cohort become really important to ensure prognostic value of these scores in the HA population. Is it possible for the authors to test the scores in a validation cohort?

Response) Thank you for your suggestion. We are currently recruiting patients with acutely decompensated liver disease in a prospective manner from 21 Korean academic hospitals. We expect to test the ACLF scores in the validation cohort after completion of enrollment.

There are 2 more scores proposed by the CLIF consortium: CLIF C AD (for decompensated patients without ACLF) and CLIF C ACLF (for patients with ACLF). These two scores might be also useful in AH, and I wonder whether the authors already tested them. If not, what was the reason?

Response) Thank you for the comment. CLIF-ACLF and CLIF-C OFs were proposed in the cohort of acute decompensation of cirrhosis. Meanwhile, CLIF-C AD was derived from patient cohort without ACLF, and CLIF-C ACLF score was defined in patients with ACLF. Because the severity of alcoholic hepatitis might influence the proportion of patients with ACLF, potential bias can interfere with analyzing CLIF-C AD or CLIF-C ACLF. Therefore, we did not test CLIF-C AD or CLIF-C ACLF.

Dear Author, in your original article entitled "Assessment of scoring Systems for acute-on chronic liver failure at predicting short-term mortality in patients with alcoholic Hepatitis" by Kim et al. you evaluate different scoring Systems for acute liver disease and their power in predicting the short-term outcome of the Patient. The article touches a field of great clinical interest. However, in my opinion a minor issue should be addressed:
1) It is not stated how many of the patients returned to drinking alcohol in the observational period after Initial Admission to Hospital. This might influence mortality and the predictive value of scoring Systems.

Response) Thank you for the comment. As the reviewer had pointed out, alcohol relapse is a poor prognostic factor. We have no information about alcohol relapse within the initial 3-month follow-up period. However, alcohol relapse might have little effect on the short-term, such as 28-day mortality. We had added this limitation in the manuscript as follows:

Third, we did not evaluate the alcohol relapse rate which might influence mortality and the predictive value of scoring systems.

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Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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