

Response to reviewers

The authors would like to take the opportunity to thank the peer-reviewers and editor for their time and constructive comments regarding our submitted manuscript. We address their comments below.

Reviewer #1 (2444976)

42 out of 116 patients were excluded from our study because they participated in the STOPAH clinical trial in which their treatment allocation was concealed (only 25% of STOPAH trial participants received corticosteroids alone). We appreciate this may result in selection bias and attempted to address this issue by comparing clinical and biochemical parameters between eligible patients not recruited to STOPAH during that recruitment period and all other patients recruited to the current study. We did not find any statistical differences between these groups. We have now performed additional comparisons between patients in the current study and those recruited to STOPAH from our centre (n=42). These groups have similar age and discriminant function as well as 90 day and 1 year outcome. We have added these additional comparisons to the manuscript (Results section, page 9, paragraph 2). This provides further evidence that selection bias is not a relevant factor in this study. Since this study was conducted prospectively, it would undermine the methodology and results to include patients from the STOPAH study since clinically relevant infection data have not been recorded prospectively.

Reviewer #2 (58408)

We agree that it would be interesting to know whether underlying cirrhosis is associated with any difference in rate of infection or mortality. Liver biopsy, the gold standard to define cirrhosis, was not performed routinely in this group of patients. Of 72 patient in this cohort, 20 did undergo liver biopsy as part of the management of their AAH of which only 3 (15%) did not have cirrhosis on histological assessment.

2 out of these 3 patients did have a clinically relevant infection and 1 out of 3 died within 90 days. Formal statistical analysis to compare these 3 patients to the rest of the cohort would not be appropriate in such a small subset. Other non-invasive methods of determining underlying cirrhosis such as radiology or transient elastography have not been formally evaluated in the context of AAH and were not collected prospectively so are unavailable for this cohort of patients. Due to these inconclusive data, the manuscript has not been amended to include information regarding underlying cirrhosis.

Editor

Table 3 has been amended by splitting it into 2 parts, A and B. The legend has been appropriately altered to describe this change.