

RESPONSE TO REVIEWERS
REVIEWER #1

1. abstract: I found the abstract somehow double-faced, a quite "light" and dataless summary of the review but with a strong conclusion, maybe even stronger than the one of the review itself. I think that the abstract should be better structured, with some numeric data and I advise to lighten the conclusion, in order to better accord it with the true conclusion of your job. Accordingly, we adjusted the abstract as suggested by the reviewer. We put the main suggestions present throughout the text, including a change in the conclusions of the section.

2. In the third line of the "introduction" I hated to read "B and C viruses"!!! Why don't you call them with their proper name HBV and HCV?!?

Correct, we adjust the text

3. Aware of the uncertain field on which you're walking, I suggest you to avoid too strong words such "hopeless": you are performing a review with data not so univocal to afford you to use such kind of terms

We agree with the reviewer's opinion and adjust the text

4. About the overview on cirrhotic patients admitted to ICU: I found this paragraph somehow useless and "old"...I appreciate the idea of better define the object of your review but I found it quite verbose and out of focus. I suggest you a shorter analysis of the issue, with more numerical data (in this field good EBM works don't lack) and a more up-to-date bibliography. Then I suggest you to shorten the sections about various decompensations of cirrhosis and to emphasize with high-quality EBM data the section about mortality, not just "long term" but even "ICU mortality", "28-days mortality", "in-hospital mortality", "3-months mortality", "6-months mortality", "1-year mortality" and the respective strong predictive factors

We understand the reviewer's point of view, and some adjustments have been made to reduce the size of this section. We kept the focus on the prognosis associated with each complication of cirrhosis, suppressing data that is not associated with the subject in question. However, it seems relevant to us to maintain this section, since it can be of great help to the readers of the article an understanding of the prognosis of specific complications of liver cirrhosis in patients who need to be admitted to the ICU, especially with a focus on sepsis and acute renal failure. We updated the references with the most recent data possible throughout the section, focusing on data from contemporary systematic reviews over time. We rephrased the section "long-term mortality in cirrhotic patients in the ICU", since the section itself already cited short-term mortality data, as suggested by the reviewer. We added new data of relevance in this topic.

5. I don't know the entity DMOS: can you better define it in your article?

Accordingly, we inserted a sentence explaining the concept of DMOS, appropriately referenced to informative review articles on the subject.

6. I found the proposed algorithm for short-term mortality prognostic scores (Figure 1) too much: I agree with the effort to emphasize and to underline the importance of a dynamic evaluation of the patients, but I think that the available data are nowadays too scarce to permit us to elaborate such an algorithm

We agree with the reviewer's opinion. We adapted the final part of the figure, contextualizing, in the light of current knowledge, the high mortality associated with the conditions presented in the algorithm.

REVIEWER #2

I'd like to congratulate the Authors for this thorough review. I enjoyed reading it.

We appreciate the reviewer's kind words regarding our manuscript.