

## **Answer to Reviewers Comments**

We would like to thank you for providing invaluable advices regarding our manuscript. We hope we will be able to address your comments properly. Modifications have been underlined in the text.

Reviewers' Comments:

### **Reviewer: 2**

1. I would like to know whether the authors excluded inflammatory bowel disease, and all other causes of elevated calprotectin.

R. Patients with severe extrahepatic disease; extrahepatic malignancy; use of immunosuppressive drugs were excluded from the study. As a result of these criteria, patients with inflammatory bowel disease or other chronic diseases potentially associated with elevated calprotectin, such as psoriasis, rheumatoid arthritis, systemic lupus erythematosus, and ankylosing spondylarthritis, were not included. This was clarified in the methods section.

2. Triggers of acute decompensation need to be analyzed and study their association to calprotectin level.

R. The main triggers of acute decompensation in our study were bacterial infection, variceal bleeding and alcoholic hepatitis. The impact of bacterial infection was addressed in details in the topic "Calprotectin levels according to the presence of ACLF or infection in hospitalized cirrhotic patients". Calprotectin levels were related to infection in the bivariate analysis but not in the logistic regression analysis. Likewise, calprotectin levels according to variceal bleeding at admission was evaluated in the topic "Factors associated with calprotectin levels in hospitalized cirrhotic patients". Diagnosis of alcoholic hepatitis was performed in 11 individuals (5.5%) and was not related to calprotectin levels (475.8 vs. 478.6 ng/mL;  $p = 0.964$ ). This information was included in the topic "Factors associated with calprotectin levels in hospitalized cirrhotic patients".

3. It was mentioned in the discussion in paragraph 3 , that the original study showed that alcoholic liver cirrhosis had higher calprotectin levels. Could this affect the results of this study especially that 108 Of the patients suffered from ALD? This needs to be clarified.

R. No differences were observed in calprotectin levels when patients with ALD were compared to those with other etiologies of liver disease (512.7 vs. 450.6 ng/mL;  $p = 0.118$ ). This information was included in the topic “Factors associated with calprotectin levels in hospitalized cirrhotic patients”.