OPEN PEER REVIEW

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Peer Review Report for "Evaluation of High Oxygen Saturation Status in Cirrhotic Patients"

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Review Timeline:

Submit Date: 29 Apr 2019
Revised Date: 27 Jul 2019
Accepted Date: 4 Aug 2019

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 8 Jul 2019

Dear AE,
This cross-sectional study has been conducted to evaluate the factors that were associated with the high O2 saturation in cirrhotic patients.
The authors please clarify;
1- The reference for definition of "Oversaturation" Hb; why 98%?
2- As mentioned many factors can affect O2 sat%; such as Co2, T, PH, and so on. please re analysis the data while controlling for these factors (although the authors mentioned in limitaion that they have not access to all infleuntional factors)
3- Consider the partial pressure of O2 in ABG and Re-analysis the data to investigate if there is any difference among cases and controls.
4- Were the patients with moderate to severe ascitis excluded from study?
5- In table 1: add the amount of FEV1 and FVC values; the present numbers are % pedicted.
6- This study included 495 participants or 495 episodes of measurments; Did the authors count each patient once or included each episode of preoperative evaluation?
Thanks.

REFEREE: Reviewer | **Revision** (0) — 9 Jul 2019

Dear AE,
Thank you for undertaking this work. I have a few comments and suggestions that I feel will be useful and you may find them in the attached word file.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 21 Jul 2019

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 22 Jul 2019

Dear Author,
It needs revision. Specially the definition of hypersaturation needs to be verified based on scientific evidence.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewer 1:

THis cross sectional study has been conducted to evaluate the factors that were associated with the high O2 saturation in cirrhotic patients.

The authors please clarify;

1- The reference for definition of "Oversaturation" Hb; why 98%?

Thank you for your comment. Normal oxygen saturation in healthy subject is between 95-100%. Although there is no standard definition for oxygen oversaturation, we define this term for patients whose oxygen saturation was at upper limit of normal (more than 98%). As we stated in our manuscript, we observed that some cirrhotic patients evaluated for transplantation had oxygen saturation near 100%., so we aimed to find prevalence and correlates of this finding.

2- As mentioned many factors can affect O2 sat%; such as Co2, T, PH, and so on. please re analysis the data while controlling for these factors (although the authors mentioned in limitaion that they have not access to all infleuntional factors)

Thank you for your comment. Because of retrospective design of our study, we do not access to patient's PH, Pco2 at time of pulse oximetry. In addition some patient had VBG instead of ABG which is not useful for this purpose.

3- Consider the partial pressure of O2 in ABG and Re-analysis the data to investigate if there is any difference among cases and controls.

Thank you for your comment. As answer 2, we do not access to valid ABG of all patients.

4- Were the patients with moderate to severe ascitis excluded from study?

Thank you for your comment. It is applied in the current version. We exclude these patients because of deleterious effect of moderate to severe ascitis on oxygen saturation and to unmask oxygen oversaturation and its causes.

5- In table 1: add the amount of FEV1 and FVC values; the present numbers are % pedicted.

Thank you for your comment. Absolute value will change according to age race, height , so percentage of FEV1 and FVC is better than absolute value. We have corrected it in the current version.

6- This study included 495 participants or 495 episodes of measurements; Did the authors counts each patient once or included each episode of preoperative evaluation?

Thank you for your comment. Our study has included 495 participants. One preoperative O2 sat measurement was included for each patient.

Reviewer 2:

Thank you for undertaking this work. I have a few comments and suggestions that I feel will be useful.

Please descriobe is there a rational for use SaO2 at or above 98% for oversaturation of oxygen.

Thank you for your comment. Normal oxygen saturation in healthy subject is between 95-100%. Although there is no standard definition for oxygen oversaturation, we define this term for patients whose oxygen saturation was at upper limit of normal (more than 98%). As we stated in our manuscript, we observed that some cirrhotic patients evaluated for transplantation had oxygen saturation near 100%., so we aimed to find prevalence and correlates of this finding.

Your paper is not about ARDS and you can omit the sentence related to reference 3, I may suggest reference prior work “pulmonary complications in cirrhotic candidates for liver transplantation. Hepatitis Monthly 2010;10(2) 105-109” instead, which is a study describing a broad range of pulmonary abnormalities in Iranian patients.

Thank you for your comment. It was applied in the current version.

“The cirrhotic patients who underwent their first mechanical ventilation are prone to increased risk of mortality (4). “ This study is not about mortality hence may be done away with.

Thank you for your comment. The previous sentence was about poor prognosis of hypoxemia. We have added this reference to implicate the importance of hypoxemia. Unfortunately, there was no article to focus on the oversaturated patients and we, as a novel work, studied the oversaturated patients to find the reason of oversaturation in these patients. Maybe we could find something for better treatment of the hypoxic ones.

Change Intracardial shunt to intracardiac shunt

Thank you for your comment. It was applied in the current version.

Change chest radiography abnormality to chest radiographic abnormality

Thank you for your comment. It was applied in the current version.

In table 1, FEV1 and FVC could not be about 85 liters, please correct the data.

Thank you for your comment. We have corrected it in the current version. FEV1 and FVC are presented with predicted percent in this article. Absolute value will change according to age race, height, so percentage of FEV1 and FVC is better than absolute value.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision (1)** 4 Aug 2019

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.