Peer Review File

Review Comments

1. The manuscript is not easy to follow, since the writing need to be improved a lot and the logic is unclear.

Responses: We agreed with the Reviewer's suggestion. We have modified our text as advised and the manuscript has been edited by professional company.

2. No predict model is included in this study, e.g regression analysis, thus it is difficult to get the conlusion as described at final.

Responses: We agreed with the Reviewer's suggestion.we have modified our text as advised (see Page 10, line 206-213).

3. In general, the combination markers should be very carefully identified, since it lets to overfit. Thus, The very advanaged and model analysis may need, if the author would like to use the combination markers. It will give the evidence/fomula to support how to combine the markers. However, it may still have some overfit possibile after the further analysis, then the further validation analysis is needed. In summay, the current combination analysis is not reasonable due to overfiting.

Responses: We agreed with the Reviewer's suggestion.we have modified our text as advised (see Page 10/11, line 213-223).

4. I supposed that the two visit points have been included in this study, including before treatment and after treatment. Thus, if the author would like to do the predcition analysis, please used the paramaters from both visits, including baseline-- before treatment and follow-up----after treatment.

Responses: We didn't do a predictive analysis. We just wanted to see if there was a corresponding change in these indicators with treatment. For example, this article(1).

5. The samples size are very small. Thus, the distribution analysis should be done at first. If the data is not in normal distribution, please use Non-parametric analysis and Spearman correction. In addition, the very small group size may lead to the results are not very trustable, please adding more explanation in discussion.

Responses: We agreed with the Reviewer's suggestion. We have made a distribution analysis(see Page 7, line 144-145). the data is in normal distribution.

6. The figure and tables are not in correct way. e.g Table 2 =Figure 1, Table 3=Figure 2, Table 4+5=Figure 5. In addition, what is the star means, p<0.05, 0<0.01 or p<0.001? the value is compared between which groups?

Responses: We agreed with the Reviewer's suggestion. We have make a change in the manuscript.

7.The ROC curve is used for distinguished the levels in different groups. Please specific the threshold value in the comparesion and explain why the value are trustable when the group number is very small (e.g. n=9 mild group)

Responses: We agreed with the Reviewer's suggestion.we have modified our text as advised in table(see table 6) and To increase the group number, we divided patients into two groups [(nonsevere COPD) <20; APACHE II (severe COPD) ≥20] .(three groups before)

References:

1. Silva RLL, Santos MB, Almeida PLS, Barros TS, Magalhães L, Cazzaniga RA, et al. sCD163 levels as a biomarker of disease severity in leprosy and visceral leishmaniasis. PLOS NEGLECT TROP D 2017;11(3):e0005486.