Author’s response to reviews

Title: Liver transplantation in Jehovah’s witnesses: 13 consecutive cases at a single Institution

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Dear Editor,

first of all, we should like to thank the Reviewers for their comments and for the opportunity to ameliorate the global quality of the present manuscript.

Please note that in this reviewed version of the manuscript we added new references. Therefore the references numbering has been changed. We also added a new author, dr. Francesco Corradi, who performed new data search and elaboration.

The following is our point-by-point rebuttal

1) Postoperative techniques used during ICU stay are not mentioned. Since drainage after these surgeries may be massive. My suggestion is to add blood scavenging techniques used among these Jehovah witnesses after liver transplantation in critical care.
- Specific sentences have been added about the ICU perioperative management.

2) Please state the time period of said study
- The time period of the study was indicated in the Methods section, page 3
3) Please mention reference for indicators of severe portal hypertension
   - A new reference about indicators of portal hypertension was added. Please see page 5

4) Please elaborate post infective liver cirrhosis which infection.
   - We elaborated “infective” with “infection”

5) Comment on the use of ICS in patients with HCC.
   - We added a comment on this with new references (21-23) on this issue. Please see page 9

6) Define exotoxic cirrhosis. It is not a commonly used nomenclature, hence please elaborate.
   - We changed the term “exotoxic” with “alcoholic”

7) Detailed Information regarding duration of surgery, cold & warm Ischemia times would be desirable in tabular form.
   - This information is now displayed in table 1.

8) Please comment on occurrence of reperfusion syndrome in each case as obtained from records and requirement of vasopressors in each.
   - This information is now displayed in table 1.

9) Please provide information on other iv fluids-colloids, crystalloids & albumin transfused during the surgery to manage lack of transfusion of blood products.
   - The requested information is now reported in the “results” section at page 7

10) Was any blood loss assessment strategy like weighing of mops used during surgery. Information obtained on documented blood loss during surgery would be helpful.
    - Weighing of mops is not used during surgery at our centre. As we stated in the “Methods” section at page 5, “the volume of red cells returned to patients from ICS was used as an estimation of intra-operative bleeding”.

11) In Last paragraph of results line- Two patients underwent re-laparotomy: one on post-operative day (POD) #4 for abdominal bleeding and another on POD #14 due to duodenal perforation. Please comment on measures taken to manage the post transplant surgeries in these 2 patients as the regime used in managing would have been different. What were the baseline haemodynamic parameters and coagulation profile at the time of these surgeries. Were these also managed without vasopressors and transfusion of blood products.
    - This information is now reported at page 7.

12) Please elaborate-ITBL.
    - We elaborated “ITBL” as “ischemic-type biliary lesions”

13) What are those indicators of severe portal hypertension. How did you screen for them.
    - Please see rebuttal point n° 2

14) Please elaborate mechanistic factors.
    - We replaced the term “mechanistic” with “portal hypertension”

15) References. Please check 1 and 11.
Typing errors have been corrected

We hope that our revised article should be taken into consideration for publication.
Kindest regards
Gianni Biancofiore, MD on the behalf of all of the authors