Author’s response to reviews

Title: MORBIDITY AND MORTALITY OF SERIOUS GASTROINTESTINAL COMPLICATIONS AFTER LUNG TRANSPLANTATION

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Response to Reviewers

Dear Editors,

We are grateful for your consideration of this manuscript and we appreciate Reviewer suggestions which have been very helpful in improving the manuscript.

All the comments we received on this study have been taken into account in improving the article. We present our reply to each of them separately

Reviewer #1

Thanks for your comments, regarding your suggestions we have been made the corrections:

1. Data on rejections in patients who have had the complication are detailed in Table 2.
2. Only two patients underwent extracorporeal circulation urgently, the others were programmed. It is included in Table 2 as well.

3. The correct graphic is sent in English.

4. In our series of 17 patients who had gastrointestinal complications, only 3 had complications were pre-transplant and have been described in the manuscript. It is described underlined text in yellow

Reviewer #2

Thanks for your suggestions, below I detail the answers to your comments:

1. In the methods part we explain the variables studied were based on previous studies that have been shown to be a risk factor. In addition we included variables may imply hemodynamic instability. It is described underlined text in yellow

2. We use the immunosuppressant regimes according to the guidelines of the ISHLT and we change the Immunosuppressant drugs due to nephrotoxicity, neurological or hematologic toxicity and in this case we use others such everolimus, cyclosporine and azatriopine. Correction has been made (Underlined text in yellow).

3. We have explained the method part when ECMO or ECC are used in our center (It is described underlines text in yellow)

4. For the best understanding, it has been detailed in the manuscript what arrhythmias were included (atrial fibrillation, atrial flutter, ventricular tachycardia, ventricular fibrillation and paroxysmal supraventricular tachycardia). Underlined text in yellow

5. Effectively we mean to log-rank test. The correction was made. Underlined text in yellow

6. The calculations have been checked and everything is corrected. Underlined text in yellow

7. On p. 7, l. 27, we have made the correction and removed the abbreviation is "severe gastrointestinal complications ". Underlined text in yellow

8. Modifications have been made regarding this part of the discussion. It's described underlines text in yellow

9. Regarding this point (prevention) a comment has been added in the discussion part. Underlined text in yellow.
10. In our institution we are not all patients are examined with upper or lower endoscopy pre-transplant. It is only done if you have any symptoms or signs during the examination. These data have not been analyzed.

11. We refer to the double lung transplant also known as bilateral transplant. It was a risk factor to develop gastrointestinal complications in other study. It was also analyzed without being significant. It has been clarified in text. Underlined text in yellow

12. We agree with your suggestion and as this result is not significant, this data has been eliminated in the discussion.

13. With respect to this point, we welcome your comment and the conclusion part has been modified.

14. About the reference was a mistake the word is "LUNG" not "KUNG ", has been corrected and the spellings in the reference have been checked.

We believe that reviewers’ suggestions have been very helpful in improving the manuscript, both in the methodology as well as the results and discussion. We are enclosed the version of the manuscript with all the changes have been underlined in yellow lines. We hope that these changes to the manuscript will facilitate the decision to publish this study in your journal. we are open to consideration of any further comment on our answers.

Yours sincerely on behalf of all authors

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