

Ze-Mao Gong
Science Editor, Editorial Office
Baishideng Publishing Group Inc

Name of Journal: World Journal of Gastroenterology
Manuscript NO: 39018
Manuscript Type: REVIEW

Dear Dr. Gong,

Thank you very much for your e-mail dated April 27, 2018, and for the careful review of our manuscript, which we have amended following the reviewers' suggestions. A copy of the revised manuscript with the revisions highlighted in red text has been uploaded to the submission system. Also, please find below an itemized point-by-point response to the comments made by the Editor and reviewers.

We look forward to hearing from you regarding the status of our manuscript, which we hope is now acceptable for publication in the World Journal of Gastroenterology. Please feel free to contact me if you need any additional information.

Sincerely,

Dr. Claudio Marroni
nmarroni@terra.com.br

EDITOR'S SUGGESTIONS THAT HAVE BEEN ADDED USING THE TRACK CHANGES FUNCTION IN THE EDITED MANUSCRIPT FILE:

- Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B). For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in 'The Revision Policies of BPG for Article'.

Response: *The manuscript was edited for correct English language usage, grammar, punctuation and spelling by qualified English speaking editors at The Charlesworth Group for Scientific Linguagem. The editing certificate has been uploaded to the submission system.*

- Please revise and perfect your manuscript according to peer-reviewers' comments.

Response: *The manuscript was revised following the reviewers' suggestions.*

- **Audio core tip** – In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information.

Response: *As requested, an audio file describing the core tip was made and uploaded to the submission system.*

- **REFERENCES** – Please check and confirm that there are no repeated references!

Response: *References were checked.*

- **CONCLUSION** – Please add this part.

Response: *A Conclusion section was added.*

SPECIFIC COMMENTS TO AUTHORS

REVIEWER'S CODE: 02099384

Marroni et al described a review on liver transplantation for alcoholic diseases. I have some comments.

1. Please add page numbers for reviewer's convenience.

Response: *Page numbers were added.*

2. The section "HISTORICAL PERSPECTIVE, CONTROVERSIES AND CONSIDERATIONS" is long, which should be divided with subsections.

Response: *As requested, this section was divided into the following subheadings: History, Controversies, and Considerations.*

3. What do you mean by the paragraphs with italic letters in the final page?

Response: *The paragraphs were rewritten and added to the Conclusion section.*

REVIEWER'S CODE: 03509551

It is a timely review since the number of transplants for alcoholic cirrhosis is on the rise. Also, the consumption of large amount of alcohol is on the rise and the ALD as well.

1. I agree with the authors that a 6 months- rule requires further discussion. It could be flawed and a 3-months abstinence with good social support and absence of personality and psychiatric disorders might be better predictors for relapse. I am not sure I understand or agree with the discussion on legal requirement to list nonsober patients. I do not agree with the comparison with ALF due to ecstasy and other liver failure causes. Unfortunately, some patients for various reasons are not candidates for liver transplant and as a result die from their disease. The goal is still to not transplant patients who are at a very high risk for relapse despite their grim outcome without a transplant.

Response: *There are data in the literature supporting equal opportunities for all patients. At present, with the indication for LT in selected ALD cases, the idea of pre-LT sobriety falls apart. Comparisons between cases of fulminant hepatitis B, ecstasy consumption and even attempted suicide with paracetamol are real situations; this scenario may make us uncomfortable, but it is real. In cases of drug abuse (such as ecstasy consumption), relapse rates are extremely high; in cases of attempted suicide with paracetamol, further suicide attempts are common, and many of them are "successful". Certainly we must consider that cases of ALD with high rates of poor prognosis and several comorbidities should be discarded, at least at the time of LT. These paragraphs were adjusted to more clearly reflect this understanding.*

2. In the subheading :Management of alcoholic addiction before LT, last paragraph I disagree with the discussion on the amounts of alcohol consumed post transplant. I think it needs to be strongly emphasized that if the ALD was the reason for transplant, the patients are obligated to stay abstinent.

Response: *These observations are reported in the literature and reflect the actual situation of several groups and their relapse rates. We added a sentence stating that patients transplanted for ALD are obligated to stay abstinent. Unfortunately, this is an extremely difficult goal to achieve consistently.*

3. In the subheading on surgical issues in the liver transplantation for alcoholic liver disease I am not sure I would be combining the various techniques of doing the liver transplant and the surgical treatment of malignancies. This discussion could be moved to a malignancy section.

Response: *We divided the section into "LT SURGICAL ISSUES IN ALD" and "NEED FOR SURGERY AFTER LT".*

Overall, I think this article should emphasize that the 6 months rule continues to be in question but we should strive to keep the rate of recidivism to a minimum

Response: *This was emphasized in the revised manuscript.*