

Dear Editorial Board of The World Journal of Hepatology,

We sincerely appreciate the reviewers taking the time to offer their comments and insight regarding our manuscript (# 47495). We have provided our response to each reviewer below.

- 1) Reviewer ID 03475779 – We respectfully disagree that there is a wealth of information regarding psychosocial comorbidities and outcomes in relation with liver transplantation. The psychosocial discussion often provides some of the most interesting yet ambiguous aspects of the liver transplantation evaluation and there are no specific guidelines in this regard. We believe our study is important and adds to the notion that these patients are high risk for liver transplantation and should be treated as such. We do recognize the limitations of this study and feel that further prospective and potentially multi-center work may lend to specific guidelines. The reviewer also comments that the data is not stratified by patient sex. We did not feel this would add value in this particular study.
- 2) Reviewer ID 00053888 – We appreciate the positive feedback in this review. We agree that special attention should be placed on management of psychiatric disorders in the pre and post-transplant setting.
- 3) Reviewer ID 00051373 – We appreciate the positive feedback in this review.
- 4) Reviewer ID 01221925 – We appreciate the positive feedback in this review. The limitations of the study are outlined in the manuscript and are the same as with any retrospective review. We agree that this evaluation may be limited in patients in the setting of acute liver failure, however, in our institution every attempt is made to ascertain a complete psychosocial evaluation. We believe further prospective and potentially multi--center work would be warranted to assist in making specific guidelines regarding recidivism, abstinence, etc.

Sincerely,

Neil S Bhogal, MD

Dear Reviewer (3475779),

We appreciate your review of our manuscript. We have attempted to address your specific concerns below:

- A) Regarding Table 1 – In this table we performed descriptive statistics to show the demographics of the patients. The median age, distribution of liver transplants by sex, and finally the etiology of liver disease is all described. The percentages are available on the right. Several patients had multiple etiologies for liver disease such as alcohol use and viral hepatitis. As you mentioned – in this section we did not intend to stratify the patients by sex but to simply summarize the data.
  
- B) In terms of the psychosocial comorbidities and psychiatric diagnoses, these were ascertained utilizing diagnoses the patients had prior to being listed for liver transplantation. We do appreciate the limitations involved in this method given the retrospective nature of the study and agree that if this were a prospective study it would be advantageous to have a certified mental health provider appropriately diagnose these patients using DSM criteria. Regardless, it is quite common for patients to be listed for liver transplantation with certain psychosocial co-morbidities and psychiatric disorders that were defined prior to their evaluation. Although a battery of neuropsychologic testing is performed on all patients prior to being listed for transplant, this testing generally does not center on the aforementioned comorbidities and often represents a “gray-zone” in the evaluation.
  
- C) In cases of recidivism – we looked at several parameters including psychiatric disorders, financial issues, history of polysubstance abuse, medical non-compliance, etc. However – we found statistically significant higher incidence of substance abuse after liver transplantation in patients with history of medical non-compliance and substance use prior to liver transplantation. This recurrence did not impact patient or graft survival. These findings will require further validation with prospective studies.

Sincerely,

Neil S Bhogal, MD