Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: Great article about a concept that should be increasingly adopted by the transplant centers. I would like to congratulate the authors on the article, it is very well written.

The Authors would like to thank Reviewer #1 for the comments

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: This review paper investigated the existing efforts at implementing ERAS in liver transplantation (LT). The topic is of interest. I have a few comments as follows. 1) I admit the authors’ effort to analyze the existing studies regarding ERAS in LT. As expected, however, there have been few studies (3 articles) to be analyzed. Therefore, it is difficult to draw any conclusions from such a small number of studies. I recommend the authors to submit this article as a letter.

Thank you for your comments. We agree on the limited data of the existing studies and we submit the manuscript in a form of a narrative review.

2) I think it is important to adopt the idea of ERAS into LT. We have already adopted some items of ERAS into LT, which actually leads to early recovery even in patients undergoing LT. But ERAS can not be applied to all patients. The indication depends on patients’ condition. Therefore, I strongly agree with the authors’ last sentence that “ERAS is not about the type of operation; ERAS is about the patient.”

Thank you for your comments.

Reviewer #3:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: This was a manuscript which evaluated the enhanced recovery after surgery (ERAS) procedure in liver transplantation (LT). MAJOR COMMENTS: - First of all, I do not understand very well the manuscript format (authors’ affiliation, corresponding author’s name and so on are missing).

Thank you for your comments. We have corrected this issue

- Furthermore, there is a short abstract, a short introduction, a very short methods section (especially if we consider that this seemed a systematic review and that some statistical topics were explained in the result section) and a very long discussion section.

Thank you for your comments. The systematic review was conducted in order to stimulate discussion. The manuscript was invited as and is a narrative review.
The Authors identified 3 papers after research on Medline, Embase, Ovid and Cochrane. The interval time of research has not been mentioned. The research queries are only 3 words (fast track, enhanced recovery, liver transplantation).

**Thank you for your comments. We have corrected this issue**

Finally, the discussion section is a more a narration of ERAS rather than an explanation of previously reported results.

**Thank you for your comments. The systematic review was conducted in order to stimulate discussion. The manuscript was invited as and is a narrative review.**

- English polishing language needed.

**Thank you for your comments. We have corrected this issue**

- Keywords are missing

**Thank you for your comments. We have corrected this issue**

- Biostatistic requirements were not fairly explained

**Thank you for your comments. The systematic review was conducted in order to stimulate discussion. The manuscript was invited as and is a narrative review.**

MINOR - The predictive role of pre-LT MELD score on post-LT outcome is highly debatable.

**Thank you for your comments. We have corrected this issue**

- The comparison of total length of stay has been incorrectly reported in the text (brackets missing, "-
" missing). - Table 1 is not very clear. Table 2 is very long and underlies heterogeneity between studies.

**Thank you for your comments. We have corrected this issue. However, Table 2 remains long as it presents all the ERAS parameters and cannot be changed**