



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38963

Title: The Feasibility of Marginal Liver Grafts in Living Donor Liver Transplantation

Reviewer's code: 03538158

COMMENTS TO AUTHORS

1. In page 13, lines 7-8, "..... have more choices about his/her donors, there are few studies reporting HbsAg or HbcAg (+) liver grafts; no studies refer to HIV- and HCV-positive liver grafts....." Please make corrections from "HbsAg or HbcAg (+)" to "HBsAg or HBcAg (+)". How was anti-HBc-positive liver grafts?

Response: "HbsAg or HbcAg (+)" has been changed into "HBsAg or HBcAb (+)". Here, it's our miscue to print "HBsAg or HBcAb (+)" into "HbsAg or HbcAg (+)". In fact, all related references included in our review are about "HBsAg or HBcAb (+)" liver donors. No HBcAg (+) liver donor studies are found in database for LDLT. "HbsAg or HbcAg (+)" was just a slip of the pen, I'm vary, vary sorry for that.

2. In page 13, lines 9-10, "HBsAg(-) LDLT patients who received HBsAg or HBcAb (+) grafts have a high risk of de novo HBV infection after transplantation." This reviewer wants to ask whether HBsAg (+) grafts are as same risk as HBcAb (+) grafts? How the nucleos(t)ide analogues for the prevention of HBV reactivation? Authors should describe them.

Response: There are no comparative studies about the risk of HBV recurrence between HBsAg (+) and HBcAb (+). In recent study, HBcAb (+) grafts are found to be related to a higher rate of de novo HBV infection after LDLT than HBcAb(-) grafts (See reference in manuscript : 135 Xi ZF, Xia Q, Zhang JJ, Chen XS, Han LZ, Zhu JJ, Wang SY, Qiu DK. De novo hepatitis B virus infection from anti-HBc-positive donors in pediatric living donor liver transplantation. *J Dig Dis* 2013; 14: 439-445; 137 Dong C, Gao W, Ma N, Sun C, Zheng WP, Wang K, Shen ZY. Risks and treatment strategies for de novo hepatitis B virus infection from anti-HBc-positive donors in pediatric living donor liver transplantation. *Pediatr Transplant* 2017; 21; 139 Lei J, Yan L, Wang W. A comprehensive study of the safety of using anti-hepatitis B core (Hbc) positive subjects in living donor liver transplants. *Hepatogastroenterology* 2013; 60: 1426-1432). So, HBcAb(+) grafts are



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

already considered to be marginal grafts in LDLT and the preventive strategy are also used as the same as HBsAg(+) liver grafts in some transplantation centers (See references above). This is why we describe them together.

The nucleos(t)ide analogues for the prevention of HBV reactivation had been described in the primary manuscript in page 13, line 22. And more detail of nucleos(t)ide analogues has been added into this review (See manuscript-revision).

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38963

Title: The Feasibility of Marginal Liver Grafts in Living Donor Liver Transplantation

Reviewer's code: 00051373

COMMENTS TO AUTHORS

A comprehensive review for the donor evaluation in living donor liver transplantation. Manuscript is well writing and clear presentation the key points in LDLT setting.

Response: Thanks for your suggestions.

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38963

Title: The Feasibility of Marginal Liver Grafts in Living Donor Liver Transplantation

Reviewer's code: 02904354

COMMENTS TO AUTHORS

Interesting topic, but need major revision.

1. The abstract should be expanded. Background should be briefly introduced. How did the authors define the marginal liver graft?

Response: First of all, thanks for your important advices. We have expanded the abstract and simplify the background. The definition of marginal liver grafts in this review has been added in "Introduction".

2. Type of this paper is awkward. If it is a systematic review paper, please add the



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

assessment of study quality. Regardless, the study characteristics and quality for a meta-analysis should be added. If it is a narrative review paper, please delete the search strategy and statistical analysis. Meta-analysis is often not feasible for a narrative review paper.

Response: We have revised this manuscript as the format of "Review", and deleted the search strategy, statistical analysis and Meta-analysis part.

3. Tables should be used to list all relevant papers in different topics.

Response: We have added tables containing relevant studies for each topic (Table 1-11).

4. The objective of this review is potentially important in clinical practice. So the grade of evidence in different topics should be provided. For example, in the topic "Graft with hepatic benign tumor", only one small study was cited. Is the evidence enough for our clinical practice?

Response: The quality of evidence in different topics have been roughly provide (tables: samples and study type) and discussed at the conclusion part in each topic in the revised manuscript. The authors of this review just want to include more studies for each topic and present comprehensive information for authors. In the topic "Graft with hepatic benign tumor", there are only two studies are searched, so what we can do is just present the limited information to authors without any inducibility.

5. The words "Blood dissemination disease" are confusing. Indeed, the authors discussed chronic hepatitis.

Response: We have revised "Blood dissemination disease" to "chronic hepatitis". Initially, we intended to include all "blood dissemination disease". But after we searched all database, only HBV-related liver grafts in LDLT were found. Because LDLT recipients had more choices about his/her donors and ethical issues concerning, grafts with other blood dissemination disease just like HCV or even HIV were impossible to become the potential candidates.

6. Figure 2 is unclear. Please improve it or delete it.



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Response: "Figure 2" now becomes "Figure 1" which is the crucial summary of this review and list the choosing strategy and treatments when we face marginal liver grafts. So we improve the Figure.

7. Grammar and spelling errors should be greatly revised. Some errors were listed as follows "...conclude new finds and assert..." "finds" should be revised as "findings" "...a major obstacle to providing this life-saving..." "providing" should be revised as "provide" "...a predict score..." "predict" should be revised as "predictive" "...in LDLT than that in OLT..." "that" should be deleted "...have the potentially to..." "potentially" should be revised as "potential"

Response: Grammar and spelling have been revised by a native English speaker (AJE) before the first submission. Now, we have revised our grammar and spelling once again.



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

https://www.wjgnet.com



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

https://www.wjgnet.com