May 10, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17612-observation study.doc).

Title: Liver transplantation for biliary atresia: a single-center study from mainland China.

Author: Qi-Gen Li, Ping Wan, Jian-Jun Zhang, Qi-Min Chen, Xiao-Song Chen, Long-Zhi Han, Qiang Xia

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 17612

The manuscript has been improved according to the reviewer's and editor's suggestions (Revisions have been highlighted in red in the updated vision):

1 Format has been updated
(1) The revised manuscript has been edited by a professional English language editing company (American Journal Experts), and the editorial certificate was attached.

(2) As suggested, another 11 references (No. 2-6, 9, 16, 19-21 and 25) were added to the reference list.

(3) We have re-drawn the Figure 3 using the Microsoft Powerpoint software.

(4) Other revisions regarding the format of the manuscript have been made according to the editor's suggestion and the revision policies of BPG for observational study.

2 Revision has been made according to the suggestions of the reviewer
(1) **Comment:** In the current manuscript the authors (Li QG et al.) have described the results of liver transplantation (LT) for biliary atresia (BA) in a single surgical center at two different eras. Although the manuscript is purely descriptive in nature, it provides important information on the survival of BA patients in mainland China. The numbers are convincing.

Response: We thank the reviewer for the positive remark.

(2) **Comment:** Material and Methods, p.6 Background characteristics should either all be listed in the text or just simply referred as Table 1.

Response: As suggested, revisions have been made as follows:

1. Patients' background characteristics which have been referred in Table 1 were abridged in the text, and the following part has now been removed **(Page 10, Line 25)**: "As for the referral for transplantation, 113 patients (60.1%) were referred by their pediatricians, while 75 patients (39.9%) came for LT via other avenues (such as the internet). In the 66 patients who did not undergo LT, 36 patients (54.5%) were due to the denial of their parents, which was influenced by various factors such as inadequate

financial supports, lack of confidence in the long-term outcome, consideration of "the one-child policy", et al; the remaining 30 patients (45.5%) failed to be treated with LT because of lack of a suitable graft and eventually died on the waiting list."

2. We also abridged the paragraph describing characteristics of living donors (referred in Table 3), and the following parts have now been omitted in the text:

(Page 11, Line 30): "The living donors included 43 men and 59 women, with a median age of 30 years (range from 20 to 56 years)."

(Page 12, Line 2): "The postoperative hospital stay of donors ranged from 4 to 19 days with a median of 7 days."

(3) **Comment:** 40% of the patients underwent Kasai portoenterostomy (KP). It is well documented that an early portoenterostomy (before 60d) associates with good outcome. It would strengthen the manuscript if the authors could provide more details on KP patients. The age at KP for example, how does it correlate with post-KP jaundice or the need for transplantation or the age at LT. Previous data implies that centralization leads to better outcomes in the treatment of BA (ref 15,16 and in addition Lampela H et al. Scandinavian Journal of Gastroenterology. 2012; 47: 99–107). As the authors admit, pretransplant conditions in the western world differ from the situation in China. The notes for future can be agreed but I would even more strongly underline the importance of early referral to tertiary hospital able to perform KP as the patients in China have their transplantation fairly early. It would be of utmost importance to delay this procedure at least to the late adolescence.

Response: We appreciate the helpful comments. As recommended, revisions have been made as follows:

1. We have added the following part into the section of Results **(Page 11, Line 17):** "Seventy-four recipients (60.7%) did not undergo KP before LT, and their median age at the consultation at our hospital was 8.2 months (range: 4.1 to 31.0 months). For the 48 recipients with a prior KP (39.3%), the median age at KP was 73.5 days (range: 27 to 845 days), and only 13 patients (10.7%) underwent KP within 60 days of age. The median ages at LT for patients with a KP before 60 days (n=13), patients with a KP after 60 days (n=35) and patients without a prior KP (n=74) were 20.4 months (range: 6.3 to 118.4 months), 14.2 months (range: 5.7 to 82.0 months), and 8.5 months (range: 4.5 to 31.1 months), respectively ($P<0.001$)."

2. In the second paragraph of the Discussion section, the latter part has now been revised as following **(Page 15, Line 3)**: "However, in mainland China, specialized children's hospitals that are qualified to perform KP are available in only several well-developed cities such as Beijing, Shanghai, Guangzhou, Hangzhou, Chongqing et al. Delayed referral for a KP produced a phenomenon that BA patients in mainland China had their transplantations fairly early. Our data showed that only 10.7% of children with BA were treated with KP before 60 days of age and that 60.7% of children who did not undergo KP before LT had their liver functions irreversibly deteriorated and lost the chance to receive a KP."

3 References and typesetting were corrected, and the order of references was updated.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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