

Yuan Qj

Scientific Editor, World Journal of Gastroenterology

May 3rd, 2016

ESPS Manuscript NO: 25455

REVIEWER CODE: 03317191

Dear Editor,

Thank you for allowing us to resubmit our manuscript entitled "Polyethylene glycols: An effective strategy for limiting liver ischemia reperfusion injury". We have addressed the specific comments of the reviewer. Our responses to the comments are outlined point-by-point in this cover letter.

Reviewer

This is an interesting review related to the use of PEGs in situations as liver transplantation and liver surgery. Could this substance be useful in kidney, pancreas, small bowel or heart transplantation? Could this drug be useful in elderly livers? If yes it could expand donors pool?

We strongly believe that PEG could be useful in pancreas, small bowel, heart or kidney transplantation. In fact, the use of PEG as oncotic agent in preservation solutions has been already reported in these organs to attenuate injury from ischemia-reperfusion. PEGs used were: PEG of 35 kDa for pancreas, small bowel and kidney and PEG of 15-20 kDa for heart (1-7); therefore it could be an attractive strategy for the transplantation of these organs.

Regarding kidney transplantation, no significant difference in delayed graft function and rejection rates as well as in patient and graft survival was observed between kidneys preserved in IGL-1 solution versus kidneys preserved in UW solution (8). But even so, we would like to point out that the study is based in the use of PEG in preservation solution and no data is reported about intravenous route of PEG administration which is the fastest way to deliver fluids, thus it is thought to be more effective.

As we emphasize in the review, PEG35 plays a key role in reducing the higher vulnerability of fatty livers to IRI (reference 33 from the paper). Since it is generally believed that age is a risk factor for increased hepatic steatosis, the use of PEG35 could be a useful tool for elderly livers and could help to increase the donor pool.

We have no added your interesting comments in the manuscript given that we believe that the paper is focused only on the therapeutic application of PEGs against liver IRI.

References:

1. Neuzillet Y, Giraud S, Lagorce L, Eugene M, Debre P, Richard F, Barrou B et al. Effects of the molecular weight of PEG molecules (8, 20 and 35 kDa) on cell function and allograft survival prolongation in pancreatic islets transplantation. *Transplant Proceed* 2006; 38(7): 2354-235

2. *Itasaka H, Burns W, Wicomb WN, et al: Modification of rejection by poly ethylene glycol in small bowel transplantation. Transplantation. 1994;57:645–648*
3. *Valuckaite V, Deal J, Zaborina O, Tretiakova M, Testa G, Alverdy JC. High molecular weight polyethylene glycol (PEG 15-20) maintains mucosa microbial barrier function during intestinal graft preservation. J. Surg Res 2013; 183: 869-875*
4. *Collins GM, Wicomb WN, Levin SS, et al: Heart preservation solution containing polyethylene glycol: An immunosuppressive effect. Lancet 1991;338:890*
5. *Malhotra R, Valuckaite V, Staron ML, Theccanat T, D'Souza KM, Alverdy JC, Akhter SA. High-molecular-weight polyethylene glycol protects cardiac myocytes from hypoxia- and reoxygenation-induced cell death and preserves ventricular function. Am J Physiol Heart Circ Physiol. 2011;300(5):H1733-42.*
6. *Hauet T, Goujon JM, Baumert H, Petit I, Carretier M, Eugene M, Vabndewalle A. Polyethylene glycol reduces the inflammatory injury due to cold ischemia/reperfusion in autotransplanted pig kidneys. Kidney Int 2002; 62(2): 654- 667*
7. *Badet L, Abdennebi HB, Petruzzo P, McGregor B, Espa M, Hadj-Aissa A, Ramella-Virieux S, Steghens JP, Portoghese F, Morelon E, Martin X. [Evaluation of IGL-1, a new organ preservation solution: preclinical results in renal transplantation]. Prog Urol 2005; 15: 481-48*
8. *Codas R, Petruzzo P, Morelon E, Lefrançois N, Danjou F, Berthillot C, Contu P, Espa M, Martin X, Badet L. IGL-1 solution in kidney transplantation: first multi-center study. Clin Transplant 2009; 23: 337-342*

We thank you and the Reviewers for your very helpful comments and we hope that this new version of the manuscript is now suitable for publication in the Journal.

Sincerely yours,

Dr. Joan Rosell ó-Catafau

Experimental Pathology Department, IIBB-CSIC

c/ Rossell ó 161, 7 º 08036 Barcelona, Spain.

Tel (00 34) 93 363 83 33; Fax (00 34) 93 363 83 01

E-mail: jrccbam@iibb.csic.es