

Point by point reply

We would like to thank the editor and reviewers for their excellent comments and feel that the paper is now stronger as a result. We have addressed all the questions raised to the best of our abilities below.

The authors have presented a very well written manuscript on prevalence of pancreatic cystic neoplasms in LT recipients. However, despite large sample size, the manuscript lacks novelty. Additionally, the study includes only cadaveric LT recipients. The authors need to clarify the meaning undifferentiated cyst mentioned in the Results section.

Thank you for your comments. Although two other groups have performed similar studies, transplant centers vary in their patient population, immunosuppression protocols, etc. For instance, we were able to describe 2 cases of MCN in our cohort, not seen previously in other studies.

Living related LT is not established in our transplant center (or the rest of Australia), hence we are limited to only cadaveric LT recipients in our study. Furthermore, we do not feel there should be any major differences in PCNs incidence or behaviour between cadaveric vs. living related LT recipients.

We have added further description of undifferentiated cysts in the Results section.

This manuscript has shown clinicopathological characteristics of pancreatic cysts in liver transplant recipients. The authors provide important information from the large cohort. This is a well-written, interesting and useful contribution. The conclusions derived are consistent and sound. However, certain revisions and additions are required. 1. The manuscript would be improved if the authors could provide some information about immune condition of the patients, for example blood tests of white cell count or immunoglobulins. 2. The authors should explain pancreatitis, especially alcoholic pancreatitis.

Thank you for your kind comments. We have now included information on white cell count on our PCN patients. We have also further clarified our definition of pancreatitis including mention of alcoholic pancreatitis.

The authors observed clinical outcomes of PCN in a post-LT cohort and found the PCN in post-LT patients showed similar clinical characteristics to general population. these proofs are useful for management decision of PCN in post-LT patients.

Thank you very much for your supportive review.