

June, 8th 2020

Re: Manuscript No. **56041**

Dear Editor,

Thank you for your letter of 8th June and the possibility of resubmitting our revised manuscript titled **“Pre- and intraoperative predictors of acute kidney injury after liver transplantation”** for consideration for publication in the World Journal of Clinical Cases.

We have carefully considered the reviewers’ and editors’ comments, and have revised the manuscript accordingly. The changes are marked in **red** in the revised manuscript.

Below are the answers to specific reviewers’ comments.

Reviewer #1: This is well written manuscript; however, I have the following minor comments.

What is KDIGO criteria described in the abstract?

The full term has been added in the Abstract.

I cannot find out the definition of CKD. Actually, 21 patients had CKD preoperatively.

The definition of CKD has been added to the Methods.

The text contains a mixture of abbreviations and full spelling terms. For example, acute kidney injury, AKI, chronic kidney disease, CKD.

The abbreviations and full spelling terms have been revised and balanced in the text.

When using a statistical expression, you should make sure that it is significant. For example, higher BMI should be significantly higher BMI.

This has been corrected in the text according to the reviewer’s suggestion.

Anyway, please ask an expert to check your English.

An English expert has additionally revised the manuscript.

Reviewer #2: It is obvious that there are multiple factors for this event to occur, so a careful assessment of the risk of renal disease progression after liver transplantation is required. Factors such as possible subjacent disease, microalbuminuria or proteinuria, eGFR and the presence of co-morbid conditions should be studied in more detail.

We agree with the reviewer that inclusion of additional variables of interest would provide more granularity into our analysis. However, we tried to limit set of potential factors to the ones that are simplest to catch in routine care, while at the same time maintaining their relevance. Adding additional variables might possibly decrease power of the study, taking into account limited patient number in our study. Some of the suggested variables, such as eGFR, proteinuria or albuminuria, are part of CKD spectrum and those variables were included in analysis. In addition to original liver disease, hypertension and diabetes were also recorded as relevant potential contributors to AKI.

An important aspect not mentioned in the paper is the possibility of performing a renal biopsy, since this allows an assessment of the patients with AKI with a good prognosis or those in whom we may indicate a subsequent kidney transplant. Sometimes a kidney biopsy cannot be performed because of the underlying coagulopathy and the consequent increased risk of bleeding, but adequate risk stratification of patients is essential to distinguish those with a good renal prognosis from those with a poor prognosis in whom a kidney transplant is necessary. For the authors, transfusions and BMI are the most important factors, but from my point of view the limitations of the work are that it is a

retrospective study, and the absence of renal biopsies prevents increasing the knowledge about AKI in relation to the circumstances of transplantation.

We agree with the reviewer's remarks regarding the importance of kidney biopsies in the context of AKI. We have commented on the issue and stated our protocol in the Methods.

Reviewer #3: The paper is presenting interesting data on the predictors of AKI after liver transplantation. This is a frequent complication after LT (almost half of the transplanted patients had an episode of AKI in the first 7 days after LT). The severe forms of AKI are not too frequent. The cause of AKI is multifactorial, pre-LT BMI and intraoperative volume shifts being the most important contributions for AKI. * The authors need to erase one sentence in the Patients paragraph as the exclusion criteria are presenting two times in the same paragraph.

We apologize for this mistake. We have omitted the unnecessary sentence from the text.

Conclusions: * The authors need to specify a paragraph with the conclusions as there is no such a paragraph at the end of the paper.

Thank you for this remark; we have added the missing Conclusions.

Overall, the manuscript is well written, balanced and with clinical importance for this important category of patients. The use of the English language is good; there is no need for changing this.

We corrected several typos and additionally revised the manuscript for grammar and language.

Science Editor: The questions raised by the reviewers should be answered. Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

We have carefully revised our manuscript, according to the reviewers comments. We also included original pictures in the separate file. We have corrected all the references according to the requirements and added Article Highlights section at the end of the main text.

Editorial Office Director: The author has added some PMID and DOI citation numbers in the reference list, but they are not complete.

We have corrected the references according to the requirements.

Company Editor-in-Chief: I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

We have made changes in the manuscript according to the Peer-Review Report, Editorial Office's comment and the Journal requirements.

In conclusion, we thank the editors and reviewers for recognizing the presented manuscript as a good scientific effort, as well as for the useful and constructive comments, which made us think more critically about the presentation of our data. We hope that we have improved the consistency, clarity, and interpretation of data in the revised manuscript and that it will meet the requirements and be suitable for publication in the World Journal of Clinical Cases.

Thank you again for the privilege of submitting our work to the World Journal of Clinical Cases.

Sincerely,

Anna Mrzljak, MD, PhD, FEBGH, FEBTM

Liver Transplant Center
Merkur University Hospital
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Reviewer #3: The authors improved the manuscript according to the reviewers comments. Also, the English language was polished. Still, I would recommend to verify the Table 2 - lines Alcohol-related and Viral diseases - why no/yes? Probably it should be without no/yes as there are the cases with Alcohol-related or viral infections. For the conclusions, I would use the same conclusions as in the abstract or in the article highlights.

Dear Editor,

Thank you very much for your e-mail. We revised the manuscript in accordance with the reviewer's comments. In short, we made the following improvements:

- 1.) We deleted "no/yes" words from Table 1, where Alcohol-related and Viral diseases are described, as suggested by the reviewer.
- 2.) Conclusion was modified to be the same as in the abstract or in the article highlights, as suggested by the reviewer.

We hope that the revised manuscript will be suitable for publication.

I am really sorry to mention this, but one of our co-authors would really appreciate it if the decision about the article could be made by the 3th of September. Namely this is his deadline to enroll PhD studies at University of Zagreb and he gets points if the article is accepted. Otherwise he must wait for another year. Thank you very much.

We deeply appreciate it.

Kind regards

Anna Mrzljak