

## ANSWERING REVIEWERS



May 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7164-review.doc).

**Title:** Impact of genetic variants of innate immune receptors on the development of infection in liver transplant recipients

**Author:** Gemma Sanclemente, Asunción Moreno, Miquel Navasa, Francisco Lozano and Carlos Cervera.

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 7164

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Q: All recipients received liver transplant have to conquer infections along with invasive surgery and immunosuppressive agents. It is important to focus on genetic variants from donor and recipient innate immune receptors to avoid infections and to detect the balance of infections and rejections. In this meaning, this review article's concept is important and understandable. The authors' article is scientific and well written in general; however, some major deficiencies are seen. These are described below: 1. The focus of the article is unclear: I am wondering what is the main theme of the article. Would authors like to mention to recipients' innate immune receptors sorted by infectious causes or state of the transplantation? Use subheadings effectively and delete disuse sections. 2. The article is redundant in the aggregate. However, the point of an argument is unclear considering all that. Authors should describe their data or references to concrete their argument (especially Section 4, Ischemia-reperfusion injury. A full paper can be written for only this topic). 3. Topics are very limited considering this article splash infections of liver transplantation. Why do authors describe only HCV infection? How about HBV? How about other virus infections except Cytomegalovirus? 4. Why do authors describe only acute rejection? 5. I cannot understand at all what authors are going to show in the Section4, Neoplasms. PubMed can search at least 23 studies for IL28B and HCC. Moreover, what is the population of "only 3 patients" in this section? It is too poor as a review.

A: Reviewer 1 suggested focusing on infectious complications after transplantation. We agree, so in this reviewed manuscript we have deleted sections that correlate innate immunity polymorphisms with ischemia-reperfusion injury, acute rejection and neoplasms. We maintained the section of HCV recurrence because HCV infection is a frequent cause of liver transplantation, its recurrence after transplantation is nearly universal, and polymorphisms of innate immunity are very important in the response rate to viral therapy. As HVB recurrence after transplantation has not the same impact, we did not mentioned in the manuscript. We have also introduced some references of innate receptors variants and risk of viral infections different from CMV, as suggested by reviewer 1.

(2) Q: Here the authors have dealt with a topic of importance with regard to modern medicine and transplantation biology. However in the present form the manuscript has several major lacunae. Major comments: The writing is unnecessarily elaborate and facts are jotted down together. Role of SNP in innate immune components and its correlation with liver transplantation which is the main focus of the paper is not dealt properly. It should be more focused. Moreover authors need to address the basic TLR2 polymorphisms and associative disease incidence with respect to transplantation biology. Minor Comments: Many grammatical mistakes Conclusion section needs to be more significantly modified.

A: As reviewer 2 suggested, writing has been reviewed to make it more understandable, and grammatical mistakes have been corrected. Reviewer 2 also suggested reviewing innate immunity polymorphisms and associative diseases with respect to transplantation biology; initially in the first manuscript we tried to describe all complications associated with transplantation, but taking into account comments of reviewer 1, although it is very interesting we think that information was excessive and we decided to review only infectious complications and their relation with innate immunity polymorphisms.

3 References and typesetting were corrected

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

Sincerely yours,

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