

January 17, 2014

Dear Editor,

Thank you and the referees for the review of our manuscript on "Management of Cytomegalovirus Infection and Disease in Liver Transplant Recipients." Please find enclosed the edited manuscript in Word format.

Author: Jackrapong Bruminhent, Raymund R Razonable

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 7283

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

1 Author contribution, and corresponding author's information were added to the title page

2 Format has been updated

Both Table 1 and 4 tables were modified into the format of Three-line pattern.

3 Revision has been made according to the suggestions of the reviewer as the followings:

3.1) The title is "Diagnosis, Prevention and Treatment of Cytomegalovirus Disease in Liver Transplant Recipients", it is better to revise your title because there is no corresponding section for reviewing the diagnosis of CMV.

Answer: We changed the topic to "Management of Cytomegalovirus Infection and Disease in Liver Transplant Recipients" (Page 1).

3.2) Table 1 and 2 are the same as the Tables in article "Cytomegalovirus infection after liver transplantation: Current concepts and challenges" published in World Journal of Gastroenterology. Citation is necessary.

Answer: We added the reference number 104 to the manuscript (Page 25) and added the statement "Data adapted from reference 104" to the description of Table 1 & 2 (Page 26 & 27).

"Reference #104 Razonable RR. Cytomegalovirus infection after liver transplantation: current concepts and challenges. *World J Gastroenterol* 2008; **14**(31): 4849-4860 [PMID: 18756591 PMID: 2739936]"

3.3) The description of the incidence of CMV in text as“ it may be as high as 44%-65% in CMV D+/R-, or as low as 1-2% among CMV D-/R- patients”, but in Table 2 , the corresponding data for CMV D-/R- was 0. Maybe a mistake is existing.

Answer: We added more details to the incidence of CMV infection as the following

.....“upon donor and recipient CMV serologic status; it may be as high as 44%-65% in CMV D+/R-, or as low as 1-2% among CMV D-/R- patients (who may still acquire the virus from natural transmission or through blood transfusion” (Page 4, paragraph 2). We also corrected the percentage in Table 2 from 0% to 1-2 %. (Page 27)

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

Sincerely yours,

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