

July 19th, 2022

Dear Dr. Jin-Lei Wang,
Editor-In-Chief of *World Journal of Transplantation*,

Thank you for giving us the opportunity to submit a revised draft of the manuscript “The growing challenge of post-liver transplantation non alcoholic fatty liver disease” in the World Journal of Transplantation. We appreciate the time and effort that you and the reviewers dedicated to provide feedback on our manuscript. Your insightful comments have been valuable for the final development of our manuscript. Please find below the changes that we have made to our initial submission in response to the reviewers’ and Editorial Office’s comments.

Reviewer #1:

1. Section of RECURRENT NAFLD is better to be refined, since it is repetitive and long-winded.

Response: Thank you for your comment. We attempted to shorten the section: “RECURRENT NAFLD”, as recommended.

2. EPIDEMIOLOGY section: Only several sentences have correlation with epidemiology. RECURRENT NAFLD section and DE NOVO NAFLD section should be included into EPIDEMIOLOGY section.

Response: Thank you for your valuable comments. In response to them, we moved sentences referring mostly to graft and overall survival to the “PROGNOSIS” section. Furthermore, sections “RECURRENT NAFLD” and “DE NOVO NAFLD” were incorporated as subsections into the “EPIDEMIOLOGY” section (“Recurrent NAFLD” and “De novo NAFLD”, respectively).

3. I do not think the structure and content are organized properly. This matter occur in many sections, such as EPIDEMIOLOGY, PROGNOSIS. Authors should carefully revised the relevant sections.

Response: Thank you for your comment. Regarding the “EPIDEMIOLOGY” section, as mentioned above, sentences referring to survival were moved to the “PROGNOSIS” section. The latter section was also carefully refined, as requested.

4. RISK FACTORS section: Several risk factors have been associated with post-LT NAFLD occurrence. These factors include common factors for all NAFLD, specific factors for post-LT NAFLD. Authors should simplify the common factors while focus on the specific factors.

Response: Thank you for this comment. Section “RISK FACTORS” has been revised. More specifically, subsections “Obesity” and “Post-transplantation metabolic syndrome” have been summarised and incorporated into the introductive “RISK FACTORS” section, analysing only the specific factors for post-LT NAFLD, namely “Genetic factors”, “Immunosuppression”, “Donor graft steatosis” and “Pre-transplant liver disease”.

5. For focus on post-LT NAFLD, it is better to remove DIAGNOSIS section.

Response: Thank you for your comment. Section “DIAGNOSIS” has been omitted in the revised manuscript.

6. MANAGEMENT section: Authors should simplify the common management while focus on the specific management for post-LT NAFLD.

Response: Thank you for your comment. We made our best efforts to implement your suggestions. Unfortunately, most data regarding NAFLD treatment in the post-transplant setting are extrapolated from trials in the general population. In the revised article we omitted studies referring to pharmacotherapies in non-transplanted patients, focusing on treatment approaches specifically in patients that underwent liver transplantation.

Reviewer #2:

This article introduces the epidemiology, risk factors, diagnosis, treatment and prognosis of fatty liver after liver transplantation in detail. It is recommended to modify the text and grammar.

Response: Thank you for your comments. The manuscript was meticulously revised in order to eliminate grammatical errors. What is more, we attempted to improve the manuscript’s structure. More specifically sentences mostly referring to prognosis were removed from “EPIDEMIOLOGY” to “PROGNOSIS” section. We also, focused on risk factors and management approaches specifically on transplanted patients, omitting redundant references on general population.

Company Editor-in-chief

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Transplantation, and the manuscript is conditionally accepted. 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. Before final acceptance, the author(s) must add a table/figure to the manuscript. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: Thank you for your valuable comments. A table summarising risk factors for post-LT NAFLD has been added. In addition, the RCA tool was used while revising the article in order to eliminate possible omissions in bibliography.

We hope that the above mentioned changes satisfactorily address your comments and that our revised manuscript will now be approved for publication in your journal.

Sincerely,

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Aristotle University of Thessaloniki