

Dear Editors and Reviewers:

We previously submitted the manuscript entitled "**Quality of life, depression and anxiety in potential living liver donors for pediatric recipients**", for which a revision was requested.

Below are point-by-point responses to the reviewers' comments.

Thank you for your comments and for the opportunity to improve the manuscript.

Reviewer 1

#Why should you compare them between ED and NED.

The comparison was done between these two groups in order to evaluate if there was any significant factor (socioeconomic, psychological, or demographic) among people who effectively donated and those who did not complete the donation process.

Why only restrict to donors of pediatric recipients.

Our group is restricted to pediatric liver transplantation. That's why our population is restricted to pediatric recipients.

Relationship to the potential recipient should be stated in a table - mother/ father/ sister/ brother/ aunt/ and son.

Thank you for your suggestion. This table was included in the Results Section as Table 2.

<i>Relationship</i>	<i>N(%) /247</i>
<i>Mother/Father</i>	158 (64)
<i>Uncle/Aunt</i>	30 (12,2)
<i>Brother/Sister</i>	10 (4)
<i>Cousin</i>	9 (3,6)
<i>Grandfather/Grandmother</i>	4 (1,6)
<i>Nephew/ Niece</i>	3 (1,2)
<i>Unrelated</i>	33 (13,4)

Outcome of the transplant should also be stated as at least 30-day outcome.

Our group has reported the short- and long-term outcomes of LDLT in a series of publications since 2007. The donors' outcomes are described in 2 reports^{1,2}, in which we show the outcomes of over 700 donors following donation, with zero mortality and uneventful recovery for the majority of patients. Two recent publications^{3,4} show the outcomes of LDLT in over 1,000 pediatric recipients. In the last decade the 1-, 5- and 10-year patient survival were 94.9%, 90.9%, and 89.2%, respectively. This information was in part added to the text, under the heading Discussion.

Was psychological evaluation repeated after surgery in ED and after cancellation of surgery in NED?

This evaluation was repeated in a patient-by-patient basis; however, post-donation evaluation is our goal for the next project.

What was the reason for classifying as NED can be presented in a table
Thank you for your suggestion. The table was included in the results section, as Table 3.

Reviewer 2

An English Language check is needed.

English was reviewed by a company named InScribe, CA, USA (+1-916-385-9501), according to the English review certificate presented at the time of the submission. The revised paper underwent a new revision for resubmission.

The title is appropriate, but I would specify that it is a retrospective single center experience.

Title was modified according to your suggestion to "Quality of life, depression and anxiety in potential living liver donors for pediatric recipients: a retrospective single center experience",

In the Methods, you should clarify how patients were enrolled: were they consecutive cases? If not, which kind of enrollment was performed? I would remove the part about the items included form: they have been described elsewhere, you can just add the references and, if you want, you can send them as supplementary material. Similarly the questions you made can be put in a Table, and not within the test.

Thank you for your comments: donors were included consecutively, added to the methods section. Items and questions were included as supplementary material.

An important point is: when were the Forms and Questionnaires administered? During the original decision-making period, or at the end, after the final decision of

acceptance/refusal? This is an important point, since the refusal or the acceptance can themselves play a role.

Thank you for your comment. Questionnaires were applied during the evaluation process, before the decision to donate was made.

About the results: it is not clear why the PLLD were accepted or refused for donation: was it because of psychological matters? If not, you should clarify how the differences you found could play a role within the process, or whether they are a consequence of it. In the discussion I would add also something else about the novelty of your work and the differences with the many existing articles about this issue.

Thank you for your comment. A table with the reason for not completing the donation process was included (Table 3). The evaluation of all possible donors was performed at the beginning of the donation process, and the analysis of the data was performed at the end of the study. Nevertheless, we observed differences related to depression, anxiety, and some aspects included in the SF-36 questionnaire (pain and mental health). Even though the reasons for not completing the donation process were not directly related to psychological aspects, it is difficult to know whether, in some instances, it had a causative effect, such as in those cases who abandoned the evaluation during the donation process. Also, this manuscript shows important aspects related to the donors' demographics in a developing country. As a matter of fact, the authors were surprised with the low income and the unemployment rates encountered in these PLLD. The aspects related to the novelty of the study were added in the discussion section.

Reviewer 3

It is not clear, however, why the remaining 150 pts were excluded from donation. Moreover, it was not clear if data coming from questionnaires was mainly or partly influenced by the exclusion from donation.

Thank you for your comment. A table with the reason for not completing the donation process was included (Table 3).

#Finally, the version of the manuscript available to me is not so easy to understand because of citation issues. Regards.

Unfortunately, I cannot understand why this happened. Would you like me to send you a new version?

Reviewer 4

Generally the study might need to have a control group, to compare the results with donor ones. These controls should be matched according to demographic and socio-economic profiles of donors. Without such controls, the conclusions regarding high or low psychological findings are too difficult. Specifically the authors just used the official global depression and anxiety prevalence, reported by WHO, instead of local prevalence from corresponding population in their own country. So, to complete the analysis, the authors might want to prepare at least local prevalence for those psychological factors or provide matching control subjects.

The following table shows the prevalence of depression and anxiety in the Brazilian population versus the world's prevalence and the cohorts presented in the current study, according to Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO). This information was added to the text.

	Depression	Anxiety
World	4.4%	3.6%
Brazil	5.8%	9.3%
Effective donors	2.9%	1.4%
Non-effective donors	8.2%	6.4%

I hope these answers are sufficient to clarify the reviewers' concerns about this manuscript

Sincerely,

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References:

1. Seda-Neto J, Godoy AL, Carone E, et al. Left lateral segmentectomy for pediatric live-donor liver transplantation: special attention to segment IV complications. *Transplantation*. Sep 15 2008;86(5):697-701. doi:10.1097/TP.0b013e318183ed22
2. Candido HL, da Fonseca EA, Feier FH, et al. Risk Factors Associated with Increased Morbidity in Living Liver Donation. *J Transplant*. 2015;2015:949674. doi:10.1155/2015/949674

3. Neto JS, Fonseca EA, Vincenzi R, et al. Technical Choices in Pediatric Living Donor Liver Transplantation: The Path to Reduce Vascular Complications and Improve Survival. *Liver Transpl.* Dec 2020;26(12):1644-1651. doi:10.1002/lt.25875
4. Neto JS, Chapchap P, Feier FH, et al. The impact of low recipient weight [≤ 7 kg] on long-term outcomes in 1078 pediatric living donor liver transplantations. *J Pediatr Surg.* May 22 2022;doi:10.1016/j.jpedsurg.2022.05.014

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 77343

Title: Quality of Life, Depression and Anxiety in Potential Living Liver Donors for Pediatric Recipients: a Retrospective Single Center Experience

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226494

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Brazil

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Reviewer accepted review: 2022-08-25 06:28

Reviewer performed review: 2022-08-26 13:30

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I think the aim of the paper is good. However the methodology is not correct. The paper can be written as a review of the findings of the evaluation - socioeconomic ,psychological etc as that is a gold mine of information ; but without comparing the ED with NED; as the division and comaprison on the basis of donation does not justify the pre operative evauation.

Thank you for your comments. According to your recommendation, the manuscript was adjusted, and the comparison between ED and NED was removed. We hope these alterations will suffice for final acceptance in your valuable journal.