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Reviewer 1:

Pischlke et al analyzed the clinical data of the patients who underwent liver transplantation during 1997 to 1999. I have some comments. 1. Patients and methods. Please spell out the abbreviations, BMI, ALT, MELD etc when they first appear in the text. 2. Figure 3 should be omitted of which information is duplicated with that in the Table. 3. The second paragraph of the Discussion section. The reviewer agree with the authors that it is interesting that the donors' BMI or age were not predictors of the prognosis. Please discuss more about the issues referring the other papers.

We thank the reviewer for the helpful comments.

➔ We added a list of abbreviations at the beginning of the paper

➔ Figure 2 displays the Kaplan Meier survival analysis, while table 1 depicts a comparison between absolute numbers. Thus this is not a dublication. Thus we decided to keep the figure and hope the reviewer agrees.

➔ We discussed donor`s age and BMI now in more detail

Reviewer 2:

Major concern 1) Multivariate analysis is needed. Is it true that multivariate analysis is impossible due to the small number of subjects? Did the authors ask a specialist of statistics about this question? 2) There is no data about the medical treatment for each liver disease before and after liver transplantation. Specific medical treatment has a possibility to influence on the survival rate. For instance, if nucleos(t)ide analogues was initiated after liver transplantation, the treatment could contribute to the improvement of survival rate in patients with hepatitis B infection. Minor

concern 1) When were the values of GFR, ALT, g-G-GPT, Bilirubin measured in Table 1? 2) The detailed explanation is necessary in Figure 5.

We thank the reviewer for helping us to optimize our manuscript. In detail:

➔ We discussed the multivariate analysis with our experienced statistician. He told us that this analysis is of limited value in the present study as the number of patients is too small. However, we added the multivariate analysis, according to the reviewers wish and discussed the result: age could be confirmed as independent factor.

➔ This study is focused on long time follow up. During more than15 years of follow up the patients got several various medications. Unfortunately a detailed analysis is not possible.

➔ These values were measured direcly before liver transplantation. We aimed to identify predictor s of survival thus we had choosen the values before liver transplantation. We added this information to the table legend.

➔ We added the information to the legend of figure 5

Reviewer 3:

The study is interesting but results must be confirmed by increasing the number of patients in order to have a significant value.

➔ We thank this reviewer really much. His comment helped us to include a really novel aspect into our study: it was not possible to enlarge the cohort without changing the inclusion time period. Thus we studied the EUROTRANPLANT data-base and generated a EUROTRANPLANT control cohort, liver transplanted during the same time period. Interestingly our three main findings: age above 53 years and BMI above 24 kg/m² were associated with a decreased survival rate, while hepatitis B was indeed associated with an increased survival rate. We interpret this as a confirmation of our findings. This novel informations have changed the whole manuscript and in addition to several changes of the main text body we added a novel table (table 2)