

**Long-term Outcomes of Paediatric Liver Transplantation in Acute Liver Failure versus End-Stage Chronic Liver Disease; retrospective cross-sectional study**

**Response to the Editors and Reviewers**

22<sup>nd</sup> December 2022

Dear Editors and Reviewers,

Many thanks for your valuable comments regarding our article. We appreciate your interest and precious time in going through this manuscript. We have now revised the manuscript taking into consideration the comments and suggestions from the reviewers.

We believe that the revised manuscript now reads well and fulfils the author guidelines of the World Journal of Transplantation. If you have any further queries or comments, please do not hesitate to contact us.

Kind Regards,

**Mr. Amr Alnagar**

**Clinical research fellow – The Leeds Teaching Hospitals NHS Trust**



Reviewer #1:

**1. Whole article requires restructuring with linguistic and technical correction as per the comments mentioned in word file of manuscript.**

- Thank you for your suggestion. We went through your comments in the word files and extensively corrected the manuscript as per your recommendations.

**2. In manuscript, authors stated that they followed STROBE guideline for reporting the study. However, the check-list sent with the manuscript was of CONSORT statement and didn't consist the check-list's items according to the manuscript. STROBE checklist is missing.**

- We apologise for this mistake. We have now uploaded the STROBE checklist with the revised manuscript.

**3. Authors are confused about the study design. In material and methods, retrospective review article was written. If it is review article then why STROBE guideline? Reporting of the study research must be according to the study design. As per my opinion, this should be retrospective and cross-sectional type of observational study. Hence, it must be reported according to the STROBE guideline. Hence, reconstruct it according to the guideline.**

- We agree with your comment, and we apologize for the confusion. We have revised the statement on study design and the revised manuscript is reported according to STROBE guideline.

**4. Title must include the type of study design.**

- We added the study design to the title as you kindly suggested.

**5. Abstract is poorly written. The need of the study is not reflected with the statements mentioned in background.**

- We revised the whole abstract as per your suggestions and we believe it reads better now.  
- We added a statement at the end of the background to reflect the need of the study.

**o Abstract is too long, contains more than 430 words.**

- We agree with your comment, abstract is reduced to 300 words

**o In the abstracts, objectives were written poorly and also under the headings of aim.**

**Hence, either change the heading or write main aim of the study.**

- We agree with your suggestion, main aim of the study is written as you kindly suggested

**o In aim, word 'end-points' was used which is technically incorrect.**

- We removed the word 'end-point' from the aim and restructured it as you kindly suggested.

**o Method is not written properly. Write the comparative factors (the outcome variables of the study) clearly.**

- We added the outcome variables studied to the methods as per your recommendation.

**o In Method, word 'analysis' was mentioned. What and how the analysis performed?**

- Thanks for your comment, this is an original data from our centre data base with statistical analysis. We apologize if that is not clear.

**6. In introduction, unnecessary materials related to topic was written. However, the exact logical establishment of need of research and rationale behind the selection of topic is missing.**

- Thanks for your comment, the unnecessary paragraph was deleted, and we added a statement to reflect the need of research and the rationale behind topic selection.

**7. Timing period of cases enrolled (PLT performed) were found different in abstract and methods.**

- We apologize for that mistake; time has been corrected (between 2000 and 2019).

**8. Flow diagram of participants is missing. It must be drawn.**

We added a flow diagram figure to the manuscript as you kindly suggested (figure1).

**9. Clinical management is not written appropriately. It was reported like a prospective clinical interventional study. It must be modified according to the study design as it is retrospective observational study.**

- We agree with your comment and the clinical management section has been modified as per study design.

**10. The exclusion criteria with reasons are not mentioned. Inclusion criteria is poorly written which consists only definition and clinical management. It must be elaborated properly.**

- We agree with your suggestion, exclusion criteria were more detailed and inclusion criteria is elaborated as per your suggestion.

**11. The methods used for the collection of data and the study of outcomes must be elaborated.**

Thanks for your comment, data collection method was added. (Data was collected through retrospective case note review).

Reviewer 2:

**Is the donor sample collection accompanied by a medical record from the donor? this may be useful to know the outcome of the donor himself**

Thanks for your comment. Analysis of the donors' demographics was illustrated in table 1. We traced our living donors through the study period, and we are pleased that none of them experienced peri-operative mortality. Our centre is one of the few centres in the UK that is running a solid living paediatric liver transplant program because of satisfactory outcomes of this program over about two decades.

**Long-term Outcomes of Paediatric Liver Transplantation in Acute Liver Failure versus End-Stage Chronic Liver Disease: Retrospective Observational Study.**

**Response to the Editors and Reviewers**

6<sup>th</sup> February 2023

Dear Editors and Reviewers,

Many thanks for your valuable comments regarding our article. We appreciate your interest and precious time in going through this manuscript. We have now revised the manuscript taking into consideration the comments and suggestions from the reviewers.

We believe that the revised manuscript now reads well and fulfils the author guidelines of the World Journal of Transplantation. If you have any further queries or comments, please do not hesitate to contact us.

Kind Regards,

**Mr. Amr Alnagar**

**Clinical research fellow – The Leeds Teaching Hospitals NHS Trust**



Reviewer #1:

**1- Good efforts done by the authors for making a manuscript valuable and of good quality literature by editing. I appreciate the style of answering of all comments of the reviewer exactly and one by one.**

- Thanks for your nice comment.

**2- Introduction is better than the previous but not best. Challenges of diagnosis and management of ALD in compare to ESCLD children was described in Introduction. However, the importance and requirement of comparison of the outcomes of PLT children between above two groups is not mentioned. Find out it from literature or write it with your own experience or observation during the practice. Only the good rationale inside the introduction is helping to understand the research question as well as importance and high need of the selected research topics.**

- We agree with your comments, and we have added the following paragraph at the end of the introduction to clarify the rationale and the importance of this comparison:

“This study was carried out to identify if there is a difference in post-PLT complications between the ALF and ESCLD groups, and to describe any variance in survival between the two cohorts. The importance of this comparison is to give insight for transplant centres and organ allocation systems dealing with these two divergent groups to make the best use of limited resources including a limited graft pool and to anticipate differences in behaviour between candidates in each group to tailor their clinical care accordingly. This comparison also meant to open the door for future research to overcome obstacles and improve PLT outcomes, especially in the ALF group where the underlying cause of the liver failure remains unknown in a considerable number of children”.

**3- Clinical management of methodology was not proper. It should be mentioned as one of the eligibility criteria of the participants of the study. "What was done" in the patients should not require here, but the eligibility criteria related to performed treatment procedure should be mentioned.**

- Thanks for your suggestion, we have removed "what was done" from the methodology as you kindly suggested, and the eligibility criteria of the candidates is added in separate paragraph with clear title.

**4- Results, discussion and conclusions are ok.**

-Thanks for your kind comment.