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Editorial Board
World Journal of Transplantation

April 14, 2023

RE: "Ineffective Esophageal Motility is Associated with Acute Rejection After Lung Transplantation Independent of Gastroesophageal Reflux"

Dear Editors,

We appreciate the opportunity to revise our manuscript submission to World Journal of Transplantation, and the valuable feedback and comments from the editorial board. We have incorporated the suggestions into a revised manuscript for your evaluation. A point-to-point summary of the changes is included below.

Point-to-point Response:

Reviewers:

1. Please, add the information about the type of manometry system used in the study (i.e., water-perfused or solid state).

Author Response: Thank you for the comment. A solid state catheter manometry system was used in the study. We have amended our Methods section to specify this information.

Page 7, paragraph 1:
"This system utilized a solid-state catheter with 32 circumferential pressure sensors spaced 1 cm apart."

2. Please, disclose the abbreviations at first mention (including tables)..

Author Response: Thank you for this feedback. We have revised our manuscript text and tables to ensure abbreviations are fully expressed at first mention.

3. Could there be an influence of chronic pulmonary diseases on esophageal motility (including medications used for their treatment)? I suppose this worth mentioning in the Discussion.

Author Response: Thank you for this important comment. We agree that chronic pulmonary diseases and the resultant altered respiratory mechanics may impact esophageal motility, most commonly leading to esophageal hypomotility. Prior studies also found that lung transplantation may lead to increase in contractile vigor with recovery of pulmonary function. Nevertheless, underlying dysmotility

remains an important risk factor for acute rejection of lung allograft post-transplant, as demonstrated by data of our study. We have now included this discussion in our text.

Page 10, paragraph 3:
"Another study from the same group noted HRM diagnoses of esophageal dysmotility frequently changed post-lung transplant (51.4%) and that peristaltic vigor tends to increase, implicating a dynamic relationship between esophageal motility and pulmonary function[25]. These studies suggest that chronic lung diseases and the resultant altered respiratory mechanics may impact esophageal motility, most commonly associated with hypomotility that may improve with recovery of pulmonary function after transplantation."

Editorial Comments:
Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Author Response: The tables have been edited to comply with journal guidelines.

Thank you for your consideration and we look forward to hearing from you.

Sincerely,

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