

First of all, I would like to thank all the reviewers.

We have revised the manuscript point by point according to the reviewers' suggestions, the details are as follows:

Reviewer #1:

1. ACLF is a special situation wherein due to extrahepatic organ failures, there is increased mortality. LT in these patients is challenging.

A1: Thanks for your comments. (No changes are needed based on this comment)

2. Authors have used only Chinese definition of ACLF. They should include the details of ACLF definition in methods.

A2: Thanks for your comments. We have added the details of the definition of ACLF to the manuscript, in line 127-128.

3. As per their definition of ACLF, whether ACLF patients can be grouped into subgroups depending on their severity/score/grades. Have they assessed outcomes in these subgroups of ACLF.

A3: Thanks for your comments. Yes, ACLF patients can be grouped into 3 subgroups depending on their severity according to the definition in our research. However, due to the small number of samples in our research, we did not compare the prognosis between subgroups.

4. Limited number of steatotic grafts is major limitation of present study as steatotic livers are responsible for ECD grafts in majority circumstances.

A4: Thanks for your comments. Yes, there is some degree of unavoidable selection bias in clinical practice, and as we noted in the Discussion (line 267-272), As shown in Table 2, advanced age, prolonged CIT and macrovesicular steatosis, which have been widely recognized as the strongest prognostic risk factors, only accounted for 1.3%, 6.4% and 2.6% of our ECD grafts, respectively. This indicates that the ECD grafts actually adopted in our clinical practice may be relatively safe, and those grafts empirically judged as "high risk" were abandoned. Admittedly, this is a major limitation of our current study, and the next step will be to try to

compensate it by including more cases in our study over a longer period or in conjunction with other transplant centers.

Reviewer #2:

Q: Well written paper Methods are good. Discussion is complete. I have few queries. Was any frozen section histology done in these extended criteria donors Kindy add the findings.

A: Thanks for your comments. Yes, we routinely remove a small piece of donor liver tissue for rapid frozen pathological biopsy in clinical practice. In our study, steatosis was diagnosed by the frozen pathological biopsy, only 2 cases of donor liver were clearly reported to have a macrovesicular steatosis more than 30%, and it has been truly reflected in the results of our study (Table 2. Baseline characteristics of donor livers). In addition to being used for the diagnosis of steatosis, the frozen pathological biopsy did not report any other meaningful contents. Considering that there was no obvious correlation with the definition of ECD, the detail except for steatosis in the frozen pathological biopsy reports were not adopted and reflected in our study.