

18384- Answering reviewers

Comments to authors:

"The review is very well written. I have only 2 suggestions:

-Please clarify the epidemiological data, 1st sentence. 1st paragraph, related to HVB epidemiology. -I would be of interest to the journal's readers to have a table or a paragraph describing different risk stratification of HVB recurrence including recipient and donor serology, DNA HVB.

We now attach a Table (Table 1) showing the different risk stratification of HVB recurrence according to the donor-recipient serology.

-What about a patient who undergoes a LT with low viral load, AgS+ and with years later after LT has AgS+, still negative DNA: do you consider stopping HBIG??? Thank you".

In the last paragraph of page 11 we explain this issue. "The most commonly accepted definition of recurrent hepatitis B is the reappearance of circulating levels of HBsAg after transplantation, **with or without** HBV-DNA positivization or histological evidence of disease." Thus, in my opinion, patients who, years after transplantation, are still HBsAg+ with negative HBV-DNA may have a high risk for a clinical, histological and biochemical recurrence of hepatitis B. Accordingly, I recommend not stopping HBIG. I have added this idea to the paragraph mentioned above.