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July 24th, 2015

Fang-Fang Ji,
Science Editor, Editorial Office
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Response to Reviewers' comments regarding the manuscript titled: **“12-month efficacy and safety of the conversion to everolimus in maintenance heart transplant recipients”** (ESPS Manuscript NO 19022).

REVIEWER #00502903:

- 1. The current paper would have been more interesting with an historical control cohort, for instant the 1-year experience prior to introduction of everolimus. However, if I understand correctly EVERODATA only registered patients who received everolimus.**

Response: Certainly, the analysis from the EVERODATA study only included those patients who started everolimus in maintenance phase (over 30 days following heart transplant) from a database of 256 patients in total. In this regard, we do not have data from an historical control cohort.

REVIEWER # 00742171:

- 1. Could recommend and request you to update the information since the study was conducted in 2007. A study looking at updated follow-up and outcomes of the group will be very interesting.**

Response: This study reports data from an historical cohort receiving everolimus in maintenance phase. Unfortunately, the database was closed at the end of the study; therefore, there are no data available regarding the follow-up of patients included in the study.

We hope that the revisions we have undertaken are acceptable to the journal and reviewers and that the article is now acceptable for publication.

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely,

Nicolás Manito

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September 29th, 2015

Dear Professor Maurizio Salvadori,

First of all, I would like to thank you for the revision of our manuscript titled **“12-month efficacy and safety of the conversion to everolimus in maintenance heart transplant recipients”**.

Regarding your recommendation and request of updated information, we agree that it would be of interest. Despite the study reports data from an historical cohort receiving everolimus in maintenance phase between 2006 and 2007, it is still one of the largest multicentre series of heart transplant recipients converted to everolimus in Spain. The experience and learnings achieved during that period of time allowed the transplant community to better understand the efficacy and safety profiles of the drug, along with its main clinical benefits and the management of the adverse events. In the years that followed the study the indications and management of everolimus in heart transplantation were adjusted accordingly.

The follow-up period of the study established in the protocol was 12 months, so the database was closed at the end of the follow-up. In this regard, updating the data of patients requires the revision of the medical records of the cohort and undergo a new retrospective study to collect the current data of the patients, with the risk of lacking information due to loss of follow-up.

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely,

Nicolás Manito