

November 8th, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 21101-Revised manuscript.docx).

Title: Predictive factors for survival and score application in liver retransplantation for hepatitis C recurrence

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Name of Journal: World Journal of Gastroenterology

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The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated.
2. Revision has been made according to the suggestions of the reviewers as follows:

For Reviewer 1 (00053888):

- Thank you for your comments and suggestions.
- Regarding the remark on the small number of patients over a long period: in the literature, there are few large studies on the subject. Some of these studies are derived from registry data, where virological and HCV

treatment response data are unknown, and the cause for retransplantation is sometimes mixed with other causes such as chronic rejection. Given the limited number of patients that undergo retransplantation for HCV recurrence, it seemed useful to perform a multicenter work. Our study on a limited number of centres allows for more detailed data on patients, as charts were reviewed and we could analyze virological and antiviral treatment data.

- Limitations regarding the long period of observation and its implications (change in immunosuppression, antiviral treatment etc) were included in the discussion.
- We have also shortened the manuscript, by deleting some parts in the introduction and discussion, and table 2 (antiviral data), having put important data of the deleted table in the text.

For Reviewer 2 (03011372)

Thank you for your comments and suggestions. Even in our modern era of direct-acting antivirals, it seems that some patients with HCV recurrence may be too sick to be treated, and others may not have access to these drugs, and retransplantation in this context is a valid option, with post-retransplantation antiviral treatment.

- We have shortened the manuscript, by deleting some parts in the introduction and discussion, and table 2 (antiviral data), having put important data of the deleted table in the text.
- Regarding the remark on the small number of patients over a long period: in the literature, there are few large studies on the subject. Some of these studies are derived from registry data, where virological and HCV treatment response data are unknown, and the cause for retransplantation

is sometimes mixed with other causes such as chronic rejection. Given the limited number of patients that undergo retransplantation for HCV recurrence, it seemed useful to perform a multicenter work. Our study on a limited number center allows for more detailed data on patients, as charts were reviewed and we could analyze virological and antiviral treatment data.

For Reviewer 3 (00069810):

Thank you for your comments and suggestions.

- We have stratified the survival results by histological diagnosis of FCH (one group) and advanced fibrosis F3/F4 (another group) as suggested. We also reperformed multivariate analysis by adjusting by FCH occurrence (besides adjusting for center effect), and found the same independent risk factors for mortality.
- Regarding the different policies in French and Spanish centers, this limitation was pointed out in the discussion section. In the literature, there are few large studies on the subject. Some of these studies are derived from registry data, where virological and HCV treatment response data are unknown, and the cause for retransplantation is sometimes mixed with other causes such as chronic rejection. Given the limited number of patients that undergo retransplantation for HCV recurrence, it seemed useful to perform a multicenter work, and the Spanish centre contribution increased the power of the analysis. Our study on a limited number of centres allows for more detailed data on patients, as charts were reviewed and we could analyze virological and antiviral treatment data. This issue was included in the discussion.
- Results were rearranged in a more organized order, according to the order of the objectives.

- Regarding the Andres score, we did not explain it in order not to prolong the manuscript, but we have now included a few more details of the original study in the Introduction section.
- For clarification, in table 2, 123 refers to the number of patients in which genotype was available. 108 is in fact 164 (total number of not retransplanted patients). 87 refers to the number of patients who received antiviral treatment. Nonetheless, we have deleted table 2 and inserted in the text some valuable information that this table depicted, in order to shorten the manuscript.
- Discussion was rearranged according to the results, and rewritten considering more recent articles on the subject of HCV recurrence in the setting of the direct-acting antivirals, with more recent references.
- At the end, manuscript was resent for correction of English grammar and syntax.

3. References and typesetting were corrected.

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

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