

Format for ANSWERING REVIEWERS

January 10, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 23527-review.doc).

Title: single-lung transplantation in emphysema: effects on survival, mortality and waiting list times

Author: Jose M Borro, Maria Delgado, Elisabeth Coll and Salvador Pita

Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 23527

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

11 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1)1.- Patients were selected for inclusion in the waiting list according to the ISLHT criteria. Between 2000 and 2003, Double Lung transplantation was preferred in emphysema and α 1-antitrypsin deficiency patients < 60 years of age, and Single Lung was reserved for those > 60 years or with comorbidities. In view of the good clinical results with Single Lung, we decided in 2003 that it would be the preferred approach in all cases, including α 1-antitrypsin deficiency. We always carried out Double Lung in colonized patient

2,-The severity of emphysema could be related to the need of extracorporeal circulation or with the perioperative mortality but it should not be related to the long term survival. In any case, we never decided the type of assignment based on the severity of the emphysema.

3.- Performing single lung transplantation has benefits in the waiting list as it profits from single lung donors, shared donors (with other hospital centers) or in the same hospital (twinning procedure). The severity of the emphysema must not affect the type of assignment, specially in our program where we have a 90-days waiting list.

(2) This work has been revised twice by a native English speaker, but we will review the style again as suggested.

b.- The average preoperative forced expiratory volume in 1 second (FEV₁) was $22.89 \pm 6.95\%$ (range 12-49%) but this value is not related with the long term survival which is the main objective of this study. The postoperative FEV₁ is very important in the follow up of each individual patient, but globally, as is influenced by the size and the quality of the donor's lung, the degree of BOS, we believe that it is not related to the survival and was not analyzed.

c.- Thank you very much for your recommendations, we will perform the modifications in the article.

(3) **Titulo** As suggested, we have modified the title.

Abstract As suggested we have modified the abstract.

Pacientes y método

We have corrected the discordant dates in the article.

Between 2000/3 we performed 5 SL y 15 DL, between 2004/12 we performed 35 SL y 18 DL.

Resultados

We considered every spirometric value in the initial individual valuation of each patient before the transplantation, but we only analyzed globally the FEV₁ because it is the factor being determinant for the waiting list inclusion following the ISHLT standards.

No patients need preoperative mechanical ventilation or emergency surgery and we did not have ECMO during the years of study

We have corrected the text related to complications in the initial part of the article.

We didn't have lung cancer in the follow up of these patients

.We have added the viral infection in the uni/multivariate study table

The rest of the reviewers comments have been corrected in the article.

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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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