

Dear editor and reviewers,

Thank you for your kind review of the manuscript. We have addressed the editors requests.

Author contributions is clearly labeled as is the conflict of interest and pdf version signed by the corresponding author

The core tip and audio file were added

References are provided with all author names. Endnote allowed us to add the PMCID not pubmed ID, also added DOI to the references. Finally we used our personal account with Grammarly to assess the manuscript for plagiarism and included that report along with the Google Scholar search.

Please note too that the first authr wishes his name to read Pavan Kedar Mukthinuthalapati, this was corrected in the manuscript.

Below is our point by point response to the reviewers comments.

Sincerely

Marwan Ghabril

Reviewer 1. WJG ESPS Manuskript # 24149 General The 10 years risk of cancer is 20 % to 30 % after liver transplantation. What is the risk of cancer associated mortality ?

*Thank you for your kind comments. We have tried to describe the available data on cancer related mortality in the section entitled **Survival after de novo non-skin cancers** in the one report it was approximately 14%.*

The value of preventive measures and of surveillance programs should be compared to the effect of modified immunosuppression.

At present no such data exist but it would be very interesting indeed.

Suggestions 1. The paper is too long. What is in the tables is shown must not be repeated and mentioned in the text.

We shortened the paper where possible

2. What about anti-cancer therapy and immunosuppression – is there any practical advice ... ? Some patients might become near tolerant after chemotherapy.

Unfortunately there is little data examining trough levels of immunosuppressants and risk of de novo malignancies, however we agree this is important and have made the recommendation of minimizing immunosuppression where possible, realizing it is vague at best.

3. Although the abbreviations are given the text reads influent – say e.g. de novo malignancy not DNM which is an uncommon abbreviation. Special The ; sign is used instead of : in many sentences.

Those changes were made

It should be mentioned in the text that the standardized incidence rate is given per 100'000 patient years.

We apologize for not being clear, the SIR is a ratio of observed to expected incidence rates and therefore has no units, we clarified this in the text.

More references for decreased cancer incidence with mycophenolate might be helpful. Safaeian M, Robbins HA, Berndt SI, Lynch CF, Fraumeni JF Jr, Engels EA. Risk of Colorectal Cancer After Solid Organ Transplantation in the United States. Am J Transplant. 2016 Jan 5. doi: 10.1111/ajt.13549. [Epub ahead of print] PubMed PMID: 26731613.

This was added

The role of skin protection by clothing's might be worth to mention.

This was added

The passages on cancer after solid organ transplants are relevant only in comparison to liver transplant experiences.

Table 1: An additional line with the overall summary results of the studies given a mean or median values would be interesting.

This was done.

Table 2 is not needed or the text should be shortened.

We shortened the text to remove any redundancy

A Figure in addition to Table 3 and replacing the overall results from Table 3 would be more easily comprehensible and more attractive.

We agree, we attempted to construct multiple figures, but the scale required to be inclusive tended to minimize the magnitude of risk for most malignancies. We apologize this was not possible.

Reviewer 2. This paper is very good review regarding de novo malignancies after liver transplant and very informative and can be publish in the current format.

Thank you for your kind comments

Reviewer 3. In the manuscript, “The incidence, risk factors and outcomes of de novo malignancies post liver transplantation”, the authors provide an overview of some aspects of de novo malignancy after liver transplantation. While this is an interesting review, there is not enough novel information to justify acceptance. In addition, unfortunately the review is not well targeted to the gastroenterology field. Overall it needs a major revision and better structure to make it more directly relevant to either basic scientists or to clinician scientists who are interested in the field.

Thank you for your kind comments. We have revised the script according to the specific comments and hope it will meet your approval.