

Response to the reviewers

Reviewer 00051373:

An interesting experience on the histological explore the outcome of 10-year liver transplantation. Manuscript is well writing and comprehensive data presentation.

Thank you for having appreciated our work and for having accepted the manuscript for publication.

Reviewer 00041468:

The retrospective study on the connection between LT patients' postTX histological result and QOL is very interesting. The results are objective and seem to be valid. The explanation of the results are clear and logical. Some minor points need revision: - some typos can be found in the tables (i.e. cirrhosis, VHC infection etc.). These must be corrected - what about the physical activity of the TXed patients? Did they do some sport? If yes, how did it influence their well-being? - what about the recurrence of immune-mediated hepatic diseases (PBC? AIH? etc.) After minor revision I suggest to accept the manuscript for publication.

Thank you for having reviewed our manuscript. Please find below the point by point response to your comments:

- We corrected all the typos in tables 1 and table 5 and have highlighted them in yellow.
- Physical activity was assessed but the questionnaire that we used contains no questions about the type of sport and the frequency of its practice. Nevertheless, multivariate analysis showed that physical activity in these patients was limited by abdominal pains or discomfort and, joint aches or pains (Table 4). A specific care of these complications would allow these patients to practice a sport adapted to their age or to their physical condition. Moreover, recent studies on non-transplant patients have suggested that moderate-intensity aerobic exercise may help to normalize liver enzyme values and the quality of life of patients with fatty liver diseases.
- In this study, we particularly focused on the impact of the histological state of the graft on QOL, 10 years after the transplant. We found that the HS was the factor with the greatest impact on QOL and then we looked to the potential causes. We found that in almost all cases (71% - Table 2) of HS, patients have recurrence or de novo HCV-fibrosis.