**Response to the reviewers**

Reviewer # 1

The significance of this study is unclear. There is no novelty. This question has been addressed in better studies with much better methodology (Disdbury et al). There is no clear description of the compared populations and authors do not correct for numerous biases that affect data interpretation. There are many assumptions, they do not deal with heterogeneity of data and there is no metaanalysis approach (which was already done as above). It is not clear what this study adds to the prior metanalysis that already concluded that data are heterogeneous and difficult to interpret. There are no sample size calculations or power analysis to determine if there is enough power to explore these questions in relatively small sample size in these complex patients. The introduction and discussion are too long, not focused, read like review rather tha interpretation of the data and fail to summarize prior relevant literature on this topic. The manuscript reads like a long list of data with no attempt to summarize them in a coherent story.

**We are sorry the objectives of our review were not clear to you. Our objectives were to identify the outcomes measures that have been used in RCTs of exercise training in SOT recipients and to link these outcomes to the ICF framework. As such, our objectives were different from those of Disdbury et al. which conducted a meta-analysis to examine the effects of exercise training in this population. Even though Disdbury et al. reported some of the outcomes used in the included RCTs, they did not perform an extensive review of all included outcomes nor linked these outcomes to the ICF framework.** **Using the ICF to map the outcomes of the current literature on exercise training in SOT recipients assisted us in classifying the breadth of outcomes that have been used in the studies to date and also in identifying any domains that are understudied in this population. This information provided a starting point for developing a core set of standard outcomes for clinical trials of exercise and physical rehabilitation in SOT recipients**

**We did not conduct sample size or power analysis because we conducted a descriptive systematic review and not an original study.**

**We are also sorry that you found the introduction and discussion of the manuscript long but we believe that they contain concise and important information.**

Reviewer # 2

It is a well written review concerning several domains to assess the function outcome of patients with organ transplants subjected to exercise training. It is very helpful for the readers and should be published.

**Thank you for your comment. We are glad you found our work helpful and useful.**

Reviewer # 3

With interest I have read the manuscript entitled, “Outcomes used in randomized controlled trials of exercise interventions in solid organ transplant recipients - What does the international Classification of Functioning, Disability and Health teach us?” by Janaudis-Ferreria and colleagues. The manuscript is well organized. The methods used by the authors are appropriate for the aim of the study, the discussion is well written with good presentation of the relevant literature. The authors conducted the systematic review with the purpose of identifying the outcome measures that have been used in randomized controlled trials of exercise training in sold organ transplant recipients. The authors’ main finding of this study was that there is little standardization in outcome measures used in randomized clinical trials of exercise training in solid organ transplant recipients. I have one major point that needs to be extensively addressed in this manuscript. Is little standardization a specific finding in solid organ transplantation recipients? What about outcome measures in other patient population without solid organ transplantation? For example diabetes population? The authors should elaborate this point in discussion section. In addition, I have several minor comments to improve the manuscript. (1) Despite the eloquent description of the results in the manuscript text, the content of tables is rather big. (2) Page 2 line 7 from top: “improving muscle” - The authors wanted to say “improving muscle strength”? Simply saying “improving muscle”is too vague. (3) Page 18 line 6 from top. “solid organ transplantation” should be “SOT”.

**Thank you for your suggestions. We included some sentences on your point about little standardization in other patient populations in the discussion. There might be little standardization of outcomes in other populations as well, however, we are also aware that for some patient groups, outcomes of interest are more standardized. For example, in pulmonary rehabilitation in COPD, the studies often include a measure of health-related quality of life and exercise capacity. To review whether there is little standardization of outcomes in other patient population is beyond the scope of our review but we did include a sentence in the discussion to make the readers aware of this issue:**

**“This finding is in line with the results of similar systematic reviews conducted in other populations (e.g. individuals post-surgery, stroke or critical illness.)”**

**We agree that the tables are long but we believe they contain important information. We are happy to combine some of the columns if the editorial office wishes.**

**Thank you for your comment about “improving muscle”- the sentence is actually “improving muscle and bone strength” but the number of the reference breaks the sentence. We will let the editorial office decide whether they want to repeat the word “strength”.**

**We have changed “solid organ transplantation” to “SOT” as you suggested.**

Reviewer # 4

This systematic review by Tania Janaudis-Ferreira et al. aimed to to identify the outcome measures that have been used in RCTs of exercise training in solid organ transplant recipients and to link these outcomes to the ICF framework. They reported that there is little standardization in outcome measures used in RCTs of exercise interventions in SOT recipients, based on the ICF categories. They pointed out that a core set of outcome measures to be used in all of these populations would be helpful to minimize and standardize the number of outcomes used in this patient group; the selection of outcome measures should reflect the length of time. They also suggested that economic evaluation should be considered. This work was well organized, performed and written. I recommend this review to be accepted.

**Thank you for your review. We are glad you found our work useful.**