

28390 -Answering reviewers:

Reviewer code 00054465:

An excellent review of cardiovascular disease and liver transplantation. It would read better if the manuscript were shortened and made more concise - it tends to ramble - and major points emphasized by BOLD SUBHEADINGS

Authors answer: The manuscript was shortened and made more concise as requested, major points were emphasized by bold subheadings. If the reviewer thinks that it should further shortened we could delete one of the table (for example table 3)

Reviewer code: 00504392

Suggestions 1. The text is too long and many repetitions should be left out. Make the word count 50 percent and it is ok.

Authors answer: The manuscript was shortened, and the word count is now reduced from 3702 to 3557 . We are unable to reduce by 50% the text without losing important information of the manuscript, (see also answer to Reviewer code 00054465)

Suggestion 2. The debate on malignancies is underrepresented

Authors answer: Our review wanted to point out cardiovascular and metabolic complications and mortality, not in general the causes of mortality after OLT, so we decided, on purpose, to mention malignancy very shortly

Suggestion 3. In table 2 the mycophenolate should be mentioned. This is metabolically neutral

Author answer: We thank the reviewer for this suggestion and we have modified table 3 accordingly

Suggestion 4: The treatment of choice for heart failure is a diuretic not a calcium channel blocker.

Author answer: We are sorry that the text of the previous version of the manuscript was not very clear. ,We meant that calcium channel blocker was the treatment of choice for hypertension in OLT not for heart failure.

Suggestion 5: Compare the new onset diabetes in liver patients with kidney transplant patients – where 25 % might be the prevalence.

Author answer: We thank the reviewer to have pointed out that the new onset diabetes is a common complication following solid organ transplants. We have now added a sentence in the manuscript reporting the prevalence of new onset diabetes in the overall transplant recipients and in the different series (liver and kidney) and added a new reference .

Suggestion 6: Distinguish between steroid minimizing and withdrawal – what is best ... ?

Author answer: We provide to underline in the text that steroid withdrawal would be the better choice.

Suggestion 7: The dipeptidyl-peptidase 4 inhibitors are attractive and even empagliflozin should be mentioned as an antidiabetic drug

Author answer: we have now modified table 3 adding dipeptidyl-peptidase 4 inhibitors and empagliflozin.

Suggestion 8: Inter or intra ventricular septum?

Author answer: sorry for not having been clear, we have analysed inter-ventricular septum.

Suggestion 9: What are the nutritional rules ... vegetarian ... Mediterranean?

Author answer: we have now added in the text (see page 12, line 321) that a Mediterranean diet should be advised

Suggestion 10: The many references that were published before 2000 are superfluous

Author answer: we provide to eliminate references published before 2000.

Suggestion 11: Table 3: Statins do increase not decrease the AUD of calcineurin inhibitors

and thiazides are not contraindicated as antihypertensives – also not in liver transplant patients.

Author answer: We thank the reviewer for having noted our mistake, and we have modified table 3 accordingly.

Special The complete text needs improvement by native English speaking people.

A native English speaking person has revised the manuscript.