

Reviewer #1: The report is well written and will be of use to liver transplant programs. However, I noticed one significant item that will need several corrections: In the Materials and Methods section, next to last paragraph, the sentence "Diabetes insipidus (DI) was classified as Type 1, and other or unknown types of diabetes, or type 2 diabetes mellitus were categorized as type 2, Diabetes mellitus (DM)" is in error. Diabetes insipidus is an entity with etiology, pathophysiology and management entirely distinct from diabetes mellitus and should not be listed as type 1 diabetes mellitus. This sentence should be corrected and, unfortunately, all the statistics with diabetes insipidus cases included as part of type 1 diabetes should be repeated with exclusion of these cases.

Response to Reviewer #1: We would like to bring to the reviewer and editors attention that there was a miswording regarding status of diabetes comorbidity. The patients currently categorized as "Type 1" are actually patients with "insulin-dependent diabetes mellitus" and not patients with "diabetes insipidus". This was an error in terminology alone and was corrected in the text and tables in the attached revised version of the manuscript. We deleted the sentence with this error in the originally submitted manuscript in the revised manuscript.

As a precaution we also reviewed our data variables and coding and reconfirmed that this was a mere error in terminology.

Reviewer #2: This is an interesting study. Generally, the data is well prepared. I recommend its potential publication in this journal. However, several minor comments should be addressed.

First, the authors said "The study did not require approval by the ethics review board of our institution because it was conducted and reported per STROBE statement recommendations". I did not agree with these words. Please provide other reasons for withdrawing the ethical approval.

Second, grammar and spelling should be improved.

Response to Reviewer #2: The UNOS database is a national database with all the information provided by all the transplant centers in the united states. The data is de identified and encrypted at a higher level to provide such large data. It is not feasible to ask individual centers that provide the data nor to ask my current institution since it is a general data provided to public by the united network of organ sharing. Further the data dates back to 1990, almost 3 decades ago. The data has been reported under STROBE guideline which provides the current guidelines for large observation studies. A STROBE check list has been incorporated in the submission.

Reviewer #3: I have read and –into my possibilities and limitations according to my expertise as virologist, I consider really interesting and original the article submitted by Ayloo et al.

The analysis involves an acceptable number of cases of liver transplantation made during two decades in US.

I have only two suggestions to be considered by the authors:

1. There are no mention at all regarding the experience of surgeons and medical teams who made the surgery. This topic should be discussed in a context where other variables could also be influent (new in-hospital measures against post-surgery infections?) Does it an important issue for the survival improvement during the period of time? During two decades several professional and medical care changes will be determinant for the improvement. These factors are not patient-related but they could influence the outcome.
2. When the Discussion section is initiated, the authors mentioned that “It is important to understand the impact of changes that have occurred in the US over this period of time on LT outcomes”. For me, it was really difficult to find

Response to Reviewer #3: The authors like to thank the reviewer despite being in a different field, still able to provide such an excellent feedback

1. This is a national database with all the centers reporting their data. The data is deidentified and encrypted at a very high level to accommodate large databases. It is virtually impossible to track back to individual center as that information is not provided in this public database. The authors concur with the reviewer, two decades of innovation in liver transplantation could influence the outcome which was acknowledged in the discussion section as the limitation of the study.
2. The changes were in donor quality –obese, older donors and more contribution from minority groups and recipient characteristics – obese, deteriorating function and medical conditions as summarized in conclusion.

Comments of Editor:

1. The Abstract has been formatted as suggested
2. The changes in the manuscript has been highlighted
3. The STROBE checklist in PDF has been included
4. Article highlight has been included
5. The Original Table 1 is switched to Figure 1 and all the figures are grouped in sequence
6. The Tables are re numbered
7. References are made to fit the criteria of the Journal