Baishideng Publishing Group
7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Dear Ruo-Yu Ma,

Thank you for reviewing our manuscript (Manuscript NO: 41898): "***Warm ischemia time and elevated serum uric acid are associated with metabolic syndrome after liver transplantation with donation after cardiac death***"

We are pleased that the manuscript was favorably reviewed.
We thank the reviewers for their valuable insight and comments as these serve to further strengthen our manuscript.

As requested, we have provided a point-by-point response to each of the editor's and reviewer's comments with relevant changes made to the manuscript.

Reviewer 1#

The current manuscript describes the incidence of post-transplant metabolic syndrome in a retrospective series of recipients of type 3 DCD liver grafts and looks for possible predictive factors associated to the

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

metabolic syndrome, I believe that there are two main issues that need to be corrected before accepting the manuscript:

Comments

1. First, the author includes 7 patients with metabolic syndrome before transplantation. Furthermore, there is a statistical difference between the two groups in the percentage of patients with preoperative metabolic syndrome. I believe that these patients should not be included in the study, since this could be interpreted as an inclusion bias.

Answer:

We had noted that most studies in the literature had included the presence of cases with metabolic syndrome before transplantation. In addition, we had analyzed the risk factors of the four indicators of PTMS severally instead of the syndrome itself. Futhermore, there do have cases with metabolic syndrome before transplantation but could not be diagnosed as PTMS after surgery. Therefore, we believe that these cases should be included in the study.

2. Second, even though there is a statistical difference between the patients with and without PTMS in the WIT, I don't believe that this difference is clinically relevant. Since most of the clinics are choosing 30

minutes as the maximal acceptable WIT, the times reported by the authors are way bellow these limits (10.8 and 9.2 minutes).

Answer:

The difference in the WIT between patients with and without PTMS was indeed a phenomenon that we observed in this research. There might be certain deviations because the insufficient number of patients and short follow-up time.

3. Minor issues: - there are some data from the results of the abstract which require better explanation: BMI (recipient and donor BMI), hyperuricemia (better posttransplant hyperuricemia since the preoperative values were normal. - the readers would also benefit from defining in the background of the type 3 DCD according to the Maastricht classification, since these are the grafts used in this study. - it would be advisable to specify the primary indication for transplantation (whether it was HCC or the type of liver disease you mentioned previously). - according to 2004 Adult Treatment Panel-III criteria, the high fasting glucose limits are <100 mg/dL - please, review the phrase: "Furthermore, 98 (66.7%) patients in the cohort were transplanted for HBV-related liver disease, while other original diseases of the recipients including hepatitis C virus

(HCV) infection (16, 10.9%), alcoholic liver disease (6, 4.1%), autoimmune hepatitis (9, 6.1%), and drug-induced liver dysfunction ".

Answer:

Thanks very much for the kindly reminding. Related explanation and definition were added into the manuscript. Clerical errors were corrected.

Reviewer 2 #

Comment

Very interesting study. The manuscript requires a minor language revision.

Answer:

Considering that we are not native English speakers, the manuscript has been edited by highly qualified native English speaking editors as requested.

Reviewer 3#

In this study, the authors described the prevalence of posttransplant metabolic syndrome after donation after cardiac death liver transplantation and the pre- and postoperative risk factors. About 147

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

subjects with donation after cardiac death liver transplanted were enrolled in this study. Overall, the study was well designed and the results are very interesting. As the authors indicated that the follow-up period of the current study was relatively short, thereby limiting the results of patients' survival and complications.

Comment

Do the authors have a plan to make a long time follow up? And the manuscript requires an editing.

Answer:

We do have plan to establish a more comprehensive long-term follow-up mechanism to improve the statistical database containing more factors, including PTMS and survival rate.