

Name of Journal: World Journal of Hepatology

Manuscript Type: Retrospective Study

**Central Line-Associated Bloodstream Infection among Children with Biliary Atresia
Listed for Liver Transplantation**

Revisions based on comments from the editor

- 1) Post codes have been added to all authors' contact information.
- 2) PDF versions, rather than the originally uploaded HTML versions, of the IRB approval letter, and the IRB waiver of informed consent letter, have been uploaded to the portal.
- 3) A "Background" paragraph has been added to the abstract.
- 4) An "audio core tip" file has been uploaded.
- 5) An "Article Highlights" section has been added.
- 6) Table/Figure legends have been updated, where needed, with a key to abbreviations used.
- 7) Figure 1 has been replaced with a Word version, which is editable.
- 8) Figure 2 has been replaced with a JPEG file.
- 9) Figure 3 has been replaced with a JPEG file.

Responses to reviewers

Reviewer 03647881

We thank the reviewer for the feedback; no specific changes were made in response to his/her comments.

Reviewer 03646970

- 1) The reviewer suggests that the background of the manuscript may be improved by including information from other large database studies in the literature about CLABSI.

Reply-We agree with the reviewer that an overview of such information would enhance the background of the paper and provide the reader with a helpful synopsis of what is known on the subject. Unfortunately, no database exists to track the population of interest, children with biliary atresia on the liver transplant waitlist. While the United Network for Organ Sharing (UNOS) dataset systematically records every pediatric candidate added to the transplant waitlist, it lacks sufficient granularity to answer questions about central line exposure or infections. The Studies in Pediatric Liver Transplantation (SPLIT) registry captures a subset of the patients in the UNOS database, however, data collection starts at the time of transplant, so no data are available about any events while the patient was waitlisted. As we wrote in the Discussion section of the manuscript, we hope that our study might be the impetus to consider whether tracking waitlist events, like CLABSI, may be feasible in the SPLIT registry.

2) The reviewer points out that fungal CLABSI comprise nearly 25% of CLABSI in other populations, thus the finding of fungal CLABSI in our population may not be novel.

Reply-We concur that the frequency of fungal CLABSI among children with biliary atresia listed for liver transplantation may not be different from other populations. Again, no data exist in a population similar to ours to serve as a benchmark. Our intention was to highlight the non-trivial risk of fungal CLABSI in our population, because of the inherent dangers in transplanting children with untreated *Candidemia*. We have made revisions in language throughout the text of the paper to de-emphasize novelty and underscore the real point we were trying to make.

Reviewer 02904354

1) The reviewer suggested that a table may be useful to systematically review the literature on this subject.

Reply-While we agree with the reviewer that this data would be of interest, there is unfortunately a dearth of relevant information available. The citations which we've included in the paper either represent very small numbers of patients, and/or lack sufficient detail or description of methodology to be able to construct a meaningful table of data.

2) The reviewer suggests that some grammatical, syntax, and style issues be addressed to improve the readability of the paper.

Reply-We thank the reviewer for the suggestions and have made the changes in the manuscript, using their edited copy of our paper as a guide.

3) The reviewer suggested that we might compare the outcomes of patients without CVC to those with CVC.

Reply- The aim of our paper was to describe the incidence, microbiology, and risk factors of CLABSI among children with biliary atresia (BA) listed for liver transplantation. Since patients without CVC would not be at-risk for the outcome of interest, CLABSI, they were not included in the analysis.