



Recanati/Miller Transplantation Institute
Jawad Ahmad, MD, FRCP, FAASLD
Professor of Medicine
Division of Liver Diseases
The Mount Sinai Hospital
One Gustave L. Levy Place
Liver Transplant – Box 1104
New York, New York 10029-6574
Tel: (212) 241-8519 (Administrative Office)
(212) 241-8035 (Transplant Program)
(212) 659-8042 (Referrals)
Fax: (212) 996-9688
E-mail: jawad.ahmad@mountsinai.org

September 27, 2019

**Re: Expanding the Donor Pool: Hepatitis C-, Hepatitis B- and Human
Immunodeficiency Virus-Positive Donors in Liver Transplantation (World J
Gastroenterology Manuscript NO: 50862)**

Dear Sir/Madam,

We are submitting our revised manuscript on *Expanding the Donor Pool: Hepatitis C-, Hepatitis B- and Human Immunodeficiency Virus-Positive Donors in Liver Transplantation* for publication in *World Journal of Gastroenterology*.

We have addressed the reviewers' comments as indicated below:

Reviewer #1: Excellent review article with valuable information

Thank you very much!

Reviewer #2: excellent paper, great work

Thank you very much!

Reviewer #3: Defect in list of abbreviations All sections of the article needs shortage The article needs more recent powerful prospective randomized studies to support its different ideas especially transplanting HCV positive donors grafts to HCV negative recipients. Correct references according to Vancouver See the revised paper

Thank you very much for your thoughtful notes. We have corrected the list of abbreviations to include all those we included in the paper. The references have also been corrected to match the journal style. Unfortunately, there are not many randomized trials in the field of HCV-positive to -negative transplantation. The best trial data comes from the THINKER study by Goldberg, et al. (which was a study of kidney transplant recipients), and from the recent trial of pre-emptive direct-acting antiviral therapy in heart transplant recipients by Bethea, et al. We did add the latter study to this revision as it was omitted in the initial draft. There is indeed a paucity of trial data on this practice in liver transplant recipients. Much of the data is derived from real-world practice; the largest data come from an analysis of the Scientific Registry of Transplant Recipients registry by Cotter, et al., where they describe the 1- and 2-year outcomes for HCV-negative patient who have received organs from HCV-positive donors.

Reviewer #4: The rising demand for Liver Transplantation needs to expand the pool of potential donors. In this review, the author summarizes the recent studies on expanding the donor pool: The use of hepatitis C, Hepatitis B and HIV positive donors in Liver Transplantation. The advent of highly effective anti-viral therapy has meant that these organs can now be used with excellent outcomes in HCV, HBV or HIV infected recipients and in some cases uninfected recipients. The high efficacy and safety of antiviral therapy for the treatment of viral hepatitis has provided the transplant community with the opportunity to utilize organs from donors infected with HCV and HBV and these infections can be easily treated after LT. Transplanting organs from HCV-positive donors into HCV-negative recipients is associated with good short-term outcomes and is becoming standard practice at many centers. The use of HBV-positive and HIV-positive organs in HBV-positive and HIV-positive recipients is an efficient method of utilizing organs that otherwise would be discarded. The use of these organs in HBV-negative or HIV-negative recipients is still not advised. Despite Longer term data is needed to fully assess the effects of this practice, this is the first time to fully discuss these topic which has great clinical significance. As the results, the manuscript meets the requirements of this journal and the conclusion is Accept (High priority).

Thank you very much for your thoughtful reading of our manuscript!

Reviewer #5: This manuscript mainly introduces the use of hepatitis C, Hepatitis B and HIV positive donors in Liver Transplantation. The authors introduced that with the advent of highly effective anti-viral therapy, HCV-positive, HBV-positive, and HIV-positive donors can be used with excellent outcomes in HCV, HBV or HIV infected recipients and in some cases uninfected recipients. This review was comprehensive and the author made an appropriate assessment on the DDA therapy and short-term outcomes. The language of this manuscript was quite appropriate and references were also suitable. Therefore, I recommend accepting this manuscript.

Thank you very much for your thoughtful reading of our manuscript!

Sincerely,

Jawad Ahmad

Jawad Ahmad MD, FRCP, FAASLD