Dear Dr Na Ma

Company Editor-in-Chief

Editorial Office

Baishideng Publishing Group Inc

Thank you for giving us an opportunity to submit a revised draft of the manuscript titled "COVID-19 Pandemic: Building organizational flexibility to scale transplant programs" to the *World Journal of Transplantation*. We appreciate your efforts and are grateful to your team. We have incorporated the changes to reflect the comments provided by the reviewers and the Science editor.

Comments from reviewer -2

"In this difficult time of a pandemic with serious consequences at all levels of the health and social security system, the authors analyze the adaptation of professionals and institutions responsible for transplant organ transplantation programs, for their appropriate behaviors in the present and in the future, to safeguard maximum the correct continuity of this indispensable medical solution for the society of the 21st century. In their manuscript the authors suggest that the performance of emergency transplants for the maintenance of the life of the patient such as the kidney, pancreas and small intestine, it must be the decision of each individual case. In this regard, it is interesting to mention the publication by Brian J. Boyarsky et al., (Early impact of COVID - 19 on transplant center practices and policies in the United States. Am J Transplant. 2020 May 10: 10.1111 / ajt.15915. Doi: 10.1111 / ajt.15915), mentioning a national survey performed between March 24, 2020 and March 31, 2020 linked to COVID 19 and transplantation. In this poll complete suspension of live donor kidney transplantation was reported by 71.8%, and 67.7% on live donor liver. While complete suspension of deceased donor transplantation was less frequent. Some restrictions to deceased donor kidney transplantation were reported by 84.0% and to deceased donor liver by 73.3%. As well, it is of interest, as a complement to this analysis to comment the recent publication: (The COVID 19 rapid guideline: renal transplantation. NICE guideline [NG178.] Published date: June 19, 2020 https://www.nice.org.uk/guidance/ng178). Finally, I consider that although

this study evokes a current reality to the current literature on the matter, it does not contribute with major new concepts of interest on this demanding problem"

Response: Thank you for pointing this out.

We have discussed the following under the heading 2.1 Who will be transplanted. "Transplantation of organs that are not immediately life-saving such as the kidney, the pancreas and the small bowel must be decided on an individual case basis considering the loco-regional prevalence of COVID-19 and whether to introduce immunosuppression in patients and sending them into the community amidst the pandemic".

We have discussed the article by Boyarsky et al under the heading 2.2 Preferred modality- deceased donation vs. living donation. "Boyarsky et al[11] has reported the results of a national survey conducted in the US linked to COVID-19 and transplantation. In this survey, complete suspension of living donor kidney and liver transplantation were reported by 71.8% and 67.7%, respectively, whereas a majority of the deceased donor programs continued to function with some restrictions, especially in regions with higher incidence of COVID-19. This is in contradiction to most of the centres in the UK including our own, whereby a majority of the transplant programs (particularly kidney only or kidney-pancreas units) had to temporarily suspend both the deceased and living donor transplantation, whilst other units had to restrict their donor and /or recipient acceptance criteria. The underlying reasons were the following: to release/create more intensive care beds, to liberate the work force to support ICU and more importantly, because of increased mortality due to COVID-19 in immunosuppressed individuals"

We have also referenced the recent NICE guidelines on renal transplantation.

Comments from reviewer-3:

Gopal JP described "COVID-19 pandemic-building organizational flexibility to scale transplant program" It is a nice checklist for a local transplant center. Transplant centers in the US follow recommendations by UNOS, ASTS or local checklist according to the

situation of the city or cases in the hospital. It will be good to know if the authors implemented their protocol, started transplantation, and report their outcome.

Response:

Thanks for the comment. We have described our practice under the heading 2.3 Where to transplant. “As a result of the co-ordinated efforts of various networks, we have re-started the living donor kidney transplant program in an independent sector premise and deceased donor kidney transplant program at our base hospital in a phased manner with several restrictions to donor/recipient selection (immunologically and surgically low risk patients without needing ITU admission post-transplant) along with changes to the immunosuppression protocol (Basiliximab for induction rather than alemtuzumab, tacrolimus and mycofenolate mofetil maintenance rather than tacrolimus monotherapy) . Pertaining to the live donor program, the donor, the recipient, and their households were isolating for 14 days prior to transplantation, and were tested at 2 weeks, 3 days, and 24 hours before transplantation. The medical staff were either working in COVID-19 free sites or working remotely for 14 days prior to transplantation with weekly testing”

Comments from the Science Editor

1. “5 Issues raised: (1) Please provide the author contributions. (2) Please provide “core tip” section in front of the abstract. (3) The number of references is too small for a review, please add more references. (4) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. ”

Response:

1. The author contribution has been provided

Author contribution:

JPG-performed the literature search and wrote the manuscript

VP-identified key areas to be addressed, made critical corrections to the manuscript, and approved the final version

2. The core tip has been attached

Core tip:

We have described our views and the underlying principles regarding building a flexible organisation to optimize the ability to efficiently handle a pandemic. As we are significantly advanced through the pandemic, the desire to go back to routine is gaining momentum and as most of the programs around the globe are planning to safely re-start or expand their activity, it is crucial for any organisation to be flexible in order to maintain sustainability.

3. Number of references has been increased and formatted as instructed

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6. NHSBT / BTS guidance for clinicians on consent for solid organ transplantation in adults and living organ donation in the context of the COVID-19 pandemic https://bts.org.uk/wp-content/uploads/2020/06/NHSBT-BTS-consent-guidance-COVID-19-Version-2-Updated-5th-June-2020-FINAL-for-Publication.pdf

7. 2019-nCoV (Coronavirus): Recommendations and Guidance for Organ Donor Testing https://www.myast.org/sites/default/files/COVID19%20FAQ%20Donor%20Testing%2005.19.2020_0.pdf

8. Re-opening of transplant programmes: Issues for consideration https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18436/pol296.pd

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We look forward to hearing from you regarding the revision and are keen to get it published soon.

Thanks, and Regards

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