

Responses to Reviewers' Questions or Concerns

Reviewer-1:

- i. The manuscript entitled Clinical outcomes of coronavirus disease – 2019 in liver transplant recipients by Shafiq M et al investigated a cohort of liver transplant recipients for COVID-19 and compared the outcome with non-liver transplant recipients. The introduction is good but lacks several hallmark manuscripts regarding liver transplant recipients with COVID-19 and transplant recipients in general.

Response: Both introduction and discussion have been expanded. Published studies relevant to liver transplant recipients with COVID-19 have been included now.

- ii. Table 1 - There is no information regarding the current status of those comorbidities (for example, diabetic patients and glycemic control) or the usage of medication for those comorbidities.

Response: Only 31 out of 117 patients were admitted to hospital. More accurate data is available for those 31 patients. However, for patients who were not admitted (especially the controls), there is no reliable way to track the severity, treatment or treatment compliance for these co-morbidities in a retrospective study like ours. To be mindful of this scenario, we have mentioned it as one of our limitations now.

- iii. Table 3 - Lacks information regarding the non-liver transplant recipients (similar to figure 1).

Response: We have modified table-1 so that there is direct comparison of baseline/general characteristics of cases and controls.

- iv. Table 5 - The information is too general, and could be used as sub-groups for other tables.

Response: We have removed this table, as reviewer-1 also recommended to have fewer tables.

- v. The data should be better explored, with data on common inflammatory and coagulatory biomarkers, such as neutrophils, neutrophils-to-lymphocyte ratio, platelets, AST, ALT, creatinine, etc.

Response: Effect on liver enzymes was one of the secondary outcomes of the study and the results have been provided already. Presence of at least one-end organ damage (such as acute kidney injury or elevated troponins) was another secondary outcome and indirectly reflects impact on creatinine or troponin level. We agree that it will be reasonable to add data on d-dimers for patients who were hospitalized, whether they received anti-coagulation (none verse

prophylactic verse therapeutic) and whether any patient had experienced venous-thromboembolism during hospitalization. This data has been included now. To date, we are not aware of any credible evidence that knowing neutrophils or neutrophils-to-lymphocyte ratio have changed any management and therefore, we didn't consider exploring this information.

- vi. For the patients that were hospitalized a longitudinal exploration of those data would be preferred.

Response: For any secondary outcome that can be tracked longitudinally during hospitalization, data has already been provided. For instance, among all patients who had elevated AST or ALT; their levels either normalized, were improving or remained stable (no more worsening) at the time of discharge.

- vii. Discussion and conclusion: As a consequence of the major changes in the results, the manuscript should improve the discussion section.

Response: Discussion has been expanded and we tried to cover all concerns as detailed above.

Reviewer-2:

- i. The research highlighted liver transplant recipients complicated with COVID-19 had comparable survival with non-infectious COVID-19, and COVID-19 didn't impact timely health care access and immunosuppression continuation among these patients

Response: Reviewer-2 didn't have any concerns.

Reviewer-3:

- i. The abstract should be modified to be more concise and shorter.

Response: The words count and format of the abstract are according to the instructions of the journal.

- ii. The English grammar needed to be substantially polished, especially the spaces and punctuation.

Response: We have performed professional editing via service recommended by the journal. It should address all English grammar related concerns.

- iii. The tables should be combined into only 2-3 tables.

Response: We have removed table 5, as reviewer-3 also had the concern that it is too general. This should reduce the total number of tables.

- iv. The discussion should clarify the reason for the results of your study.
Response: This is retrospective case-control study, which can assess associations but not causations. Therefore, we can't make conclusions regarding causation. However, we have tried to expand both the introduction and the discussion. We expect that to clarify any ambiguities.
- v. The format of references was incorrect.
Response: We have performed professional editing via service recommended by the journal. We don't expect any issues with references now.

Final Note: We thank all reviewers for their time and contribution.