

Reviewer comments:

It is recommended to include the incidence of PTLD after transplantation, monitoring methods and precautions during follow-up.

We appreciate the Reviewers' comments and agree that PTLD is an important aspect of post-transplantation care. We felt that this manuscript was intended to focus malignancy that is seen in both the general population and those with solid organ transplantation.

I carefully read the minireview developed by your team and found that in some places it is interesting and welcome. However, the title should be changed and should refer only to tumors of the breast or genital organs secondary to liver transplantation as you state in the introduction. Later, in the description of the tumors that appear, those that appear after the transplantation of other solid organs, not only the liver, are also described, which creates confusion and contradictions with what is stated in the introduction. The screenings described later for this type of cancer are no different from the screenings that are usually done for these cancers according to current guidelines. The conclusions are excessive, lacking in clarity and are not entirely the result of what was previously described in the minireview. There are studies on neoplasias secondary to organ transplants, but these are also quite controversial and approached with caution because they do not clearly prove that the newly appeared tumors are, in fact, secondary to solid organ transplantation. That's why the guidelines avoid imposing a special screening line for these so-called post-transplant neoplasias.

We want to thank the Reviewer for the careful comments. We have made amendments to the abstract to better reflect the scope of the paper. We agree with the authors that the definition of de novo cancers is challenged and have added verbiage in the manuscript to reflect this limitation. We have included the screening guidelines as well as those specific to SOTR together to provide the reader with perhaps a better framework to expanding discussions of screening in this population. We also agree with the Reviewer that specific recommendations are challenging, our review highlights the need for more careful attention to potentially preventable malignancy.

Editor-in-Chief Comments:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Transplantation, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript. There are no restrictions on the figures (color, B/W) and tables. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-

review/revision. Please visit our RCA database for more information at:
<https://www.referencecitationanalysis.com/>.

We thank the Editor for the information on the RCA database and we have reviewed our bibliography. Given the limited data on our topic we found that our sourcing was likely the most up to date we could determine. We find this tool very interesting and would have aided our initial literature search and made the search much more efficient.