

Dear editor and reviewers,

Thank you for taking the time to review our manuscript and providing valuable feedback. We appreciate your efforts in helping us improve the quality of our work.

We are writing to inform you that we have carefully considered your comments and made the appropriate changes to the manuscript and have addressed the concerns raised by the reviewers. We hope that these revisions have addressed your concerns and improved the overall quality of the manuscript.

Regarding Reviewers' comments and suggestions we offer following answers.

Reviewer 1

In my opinion, the title "Shifting perspectives in liver diseases after kidney transplantation" does not accurately reflect the main content of the article and needs to be modified.

A: Thank you for your suggestion to modify the title of the article. After careful consideration, we have decided to keep the original title, but have made substantial modifications to the text to better align with the title and ensure that the content effectively conveys our research.

There are 7 keywords in the paper. It is recommended to list 3 to 5 keywords.

A: We have reduced the number of keywords from 7 to 5, which we believe best represent the content of the article while still accurately conveying its main theme.

The INTRODUCTION briefly proposed the etiology of liver disease after kidney transplantation, but does not fully describe the background and status of current research, so a supplement is recommended.

A: After careful consideration, we have revised the introduction of the manuscript to include a more comprehensive overview of the current research status and background information related to the etiology of liver disease after kidney transplantation. We believe that this additional information will better contextualize the research and provide readers with a clearer understanding of the significance of our study.

It is suggested to add the topic of Table1.

A: The topic '*Hepatic contraindications and DILI risk of SARS-CoV-2 drugs*' has been added to Table 1.

A total of 120 references are cited in this article, which is relatively large, and the latest references are recommended.

A: After careful review, it was decided to shorten the list of references while still ensuring that the most recent and relevant references were included.

In each subsection of this article, the research progress of various liver diseases after kidney transplantation is not detailed, and it is suggested to supplement and focus on the latest research progress in related fields that the authors are currently concerned about.

A: We have carefully reviewed and revised each subsection of the article to include more detailed research progress on various liver diseases after kidney transplantation. We have also supplemented the latest research progress in related fields that we are currently concerned about. We hope that the revised article now adequately addresses your

concerns and provides a more comprehensive analysis of liver disease after kidney transplantation.

Reviewer 2

In the part of "NAFLD and CKD", there is too little written about your title liver diseases.

A: We have revised and expanded the section on "NAFLD and CKD" to include more comprehensive information about liver diseases and their association with chronic kidney disease. We believe that these changes have enhanced the relevance and importance of our research, and we hope that you find the updated section informative and insightful.

Maybe it will be better to retouch the language in the discussion section.

A: The entire article, including the discussion section, has been thoroughly proofread, including a comprehensive review of syntax, flow, and language usage.

Reviewer 3

However, the article should also cover the influence of some metabolic factors on the liver, such as liver damage caused by abnormal metabolism of alcohol, copper and iron, such as Wilson Disease and haemochromatosis. And autoimmune liver diseases, such as AIH and PBC, all of which need to be considered.

A: We have updated our manuscript to include a paragraph discussing the influence of metabolic factors, specifically the effects of iron overload. However, after conducting further research, we found no reports on cases of kidney transplantation associated with Wilson's Disease or Autoimmune Hepatitis. Additionally, we were unable to find any

published papers on the topic of alcoholic liver disease burden after kidney transplantation. We hope that this adequately addresses your concerns.

It is mentioned in the article : "Therefore, in chronically infected patients without signs of hepatitis, liver fibrosis or cirrhosis, without extrahepatic manifestations of HBV and with low viral replication rates (as determined by HBsAg and HBV DNA), treatment is not usually recommended by professional society guidelines. [23,27]" While in fact, increasingly guidelines recommend aggressive antiviral therapy for patients with CHB, as long as HBVDNA is detectable, especially in people over 30 years of age and with a family history of HCC and cirrhosis.

A: We have revised this particular section of the text to make it clearer and more concise. The revised text emphasizes that patients who begin hepatitis B virus (HBV) treatment prior to kidney transplantation are likely to continue it for the rest of their lives.

We would like to take this opportunity to thank you again for your feedback, which has been instrumental in enhancing the clarity and accuracy of our work. We believe that the revised manuscript is now ready for publication and we hope that you will find it satisfactory.

Please let us know if there are any further changes or revisions that you would like us to consider. We look forward to your response.

Thank you again for your time and effort in reviewing our manuscript.

Sincerely,

Iva Košuta