

9th of March 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name 8682-Review.doc).

Title: Risk factors associated with early and late HAT after adult liver transplantation

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Manuscript No: 8682

First of all, thank you and reviewers for pointing out my mistakes and deficiency in our manuscript.

The manuscript has been improved according to the suggestions of reviewers respectively:

1. Format has been updated. The manuscript has been edited by professional English language editing company in red (American Journal Experts), which gave us a "EDITORIAL CERTIFICATE" of manuscript.
2. Revision has been made according to the suggestions of the reviewer (No **01559615**),
 - (1) We added "Table 1" about indication for IIs in those developing early and late HAT. Previous Table 1, Table 2, Table 3, Table 4, Table 5, and Table 6 were renumbered as the new Table 2, Table 3, Table 4, Table 5, Table 6, and Table 7.
 - (2) We added MELD evaluation of patients in Table 2;
 - (3) The rate of marginal of donor has not been counted in our series, but the use of marginal donor has not been considered as a risk factor for HAT in previous publication;
 - (4) We added our postoperative anticoagulation protocol in detail in Section of "Postoperative prophylaxis and surveillance protocol for HAT" ,1st paragraph in red: "All of the recipients received low-molecular-weight heparin (LMWH) subcutaneously (nadroparin, 0.1ml/10kg, every 12 h) and alprostadil (20µg /d) intravenously as thrombosis prophylaxis for the first 7 post-LT days, as soon as the prothrombin time was less than 20 seconds, the activated partial thromboplastin time was less than 50 seconds, the platelet count was more than 30 ×10⁹cells/L, and no evidence of hemorrhagic complications or bleeding tendency was found."
 - (5) The mistakes of the warm ischemia times (WIT) were corrected in Table 3 in red.

3. According to the suggestions of the reviewer (No 01168670), we have explained the definition of “dual graft” in MATERIALS AND METHODS, the 3rd paragraph – “number of grafts (dual or single graft)”.

4. HAT in itself was not a risk factor for recurrent "early" HAT or "late" HAT in our study.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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