

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 lts 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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