

ANSWERING REVIEWERS

August 25, 2012

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 9200-review.doc).

Title: The problem of living liver donation in absence of deceased liver transplantation program: Mansoura experience.

Author: Mohamed Abdel Wahab, Hosam Hamed, Tarek Salah, Waleed Elsarraf, Mohamed Elshobary, Ahmed Mohamed Sultan, Ahmed Shehta, Omar Fathy, Helmy Ezzat, Amr Yassen, Mohamed Elmorshedi, Mohamed Elsaadany, Usama Shiha.

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9200

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer 01552211: Thanks for your valuable comments. Title page has been added including the authors, their affiliations and data of the corresponding author.

(2) Reviewer 01560498: Thanks for your valuable comments. Recent updated references are added and present regarding the topic of HBcAb positive donors and ABO incompatible liver transplantation [17-24] according to your advice.

(3) Reviewer 02530754: Thanks for your evaluation and valuable comments. Regarding points 1,3 and 4: our experience with donors has been published before as stated in the introduction with referral to reference [5] and there we discussed the demographic data and the outcome of hepatectomy in donors but this paper is dealing exclusively with excluded donors. Regarding point 2: the percentage and the absolute number are present together in the results.

(4) Reviewer 01560575: Thanks for your valuable comments. The title page has been added including the authors and their affiliations and the contact data of the corresponding. Keywords have been added too. The figures are shortened in one concise informative figure according to your revision.

(5) Reviewer 00051753: Thanks for your valuable revision. Regarding point (1): I agree with you but there is only one paper that did mention the economic impact of donor exclusion but with different evaluation protocol and that is why it was not feasible to compare the economic impact with other centers. We expressed the charges in USD "United States Dollars" which is a universal current so that the reader can compare the charges to his country or his center. Regarding point (2): The main issue in the article is that living donors with adoption of all the possible strategies to expand the donor pool, considering donor safety and recipient favorable outcome, is not enough to keep up with the increasing demand for transplant in a hot spot of HCV induced cirrhosis. That is why our findings confirm the increasing need for deceased donor transplant in Egypt to solve the problem of donation. Regarding point 3: we revised the text according to your advice.

(6) Reviewer 01550345: Thanks for your valuable revision and comments. Donors excluded due to exceeding the upper age limit didn't have an economic impact and the economic cost for excluding a donor based on his age only is 0 USD. But those donors had an impact on the recipient who brought them to the center hoping that being above the age limit by few years won't affect the suitability for liver donation. This exclusion has an impact on the recipient and that is why we included it in our study.

(7) Reviewer 01559615: Although most of the questions are irrelevant to the topic of the article but we will answer them. Regarding Q1: Yes our country legalized living donor organ transplant by full stand alone law since the 1970s. Renal transplantation has been performed in Egypt since 1978 in The well known Mansoura Urology and Nephrology center. Living liver donation has been performed in our center since 2004. Regarding Q2: There is governmental control on the process of LDLT through the Higher Committee for Organ Transplant under direct supervision of the Prime Minister. This higher committee is responsible for monitoring the ethical aspects of organ transplant practice, medical practice in the transplant field, administrative paper work should pass through this committee, the quality of center offering the service and well as the service itself. Also there is a local institutional independent ethical committee headed by the University Director that should accept each transplant surgery in advance as stated in the text. Regarding Q3: This is absolutely prohibited in Egypt. Regarding Q4: Egypt is one of the hot spots for HCV infection according to WHO reports. But the population of the “donors coming to our center for evaluation” is not representative for the “whole Egyptian population” as those are young healthy individuals selected by the recipient for possibility of liver donation. So finding positive serology for HCV infection in 4-5% of this selected group is not “low” ratio and it is ,in any way, not representative for the ratio of HCV infection in Egypt.

3 References and typesetting were corrected

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

Sincerely yours,

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