

REPLY TO REVIEWERS

Reviewer #1:

- In the Method section we stated “The study population was divided according to aetiology of brain death: stroke (n.71 BDD donors), traumatic brain injury (n. 48 donors) and post anoxic encephalopathy (n. 19 BDD donors). The term n. 71 BDD means that the aetiology of brain death was stroke in 71 donors. As suggested by the reviewer, we deleted “n.”
- *to which organ donation refers to*
- Conclusions have been rewritten according to the reviewer’s suggestions.
- We agree with the reviewer that investigation the relationship between aetiology of brain death and success of HTx and survival outcomes. However, this is outside the aim of the present investigation which was to assess whether aetiology of brain death could influence hemodynamic management of donors. We are prospectively collecting data to investigate the relationship (if any) between hemodynamics and success of Htx.
- The sentence ““factors affecting hemodynamic management in DBDs are to date poorly investigated “ has been removed. References have been added, as suggested by the reviewer.
- In the Methods “X” has been corrected in the Methods. We apologize.
- Blood pressure was measured invasively. Lactates were measured with arterial blood gas analysis.
- In the Results Section, we preferred the “exact” number as suggested by the reviewer.
- “no differences” was changed into “no significant differences between the subgroups”
- The abbreviation of brain death donors has been changed from DBD to BDD throughout all the manuscript.
- The term “donor manager protocol” refers to our protocol whose management goals are reported in the “Methods Section”.
- The comment on Sandroni et al. study has been rephrased.

- The statement “for the first time” has been deleted, as suggested by the reviewer.
- In the Discussion section, we hypothesized why hemodynamic management was more challenging in BDD from post anoxic encephalopathy. “This phenomenon may be attributed to post cardiac resuscitation syndrome. Higher values of heart rate can be related to reduced cardiac function (as a compensatory mechanisms), as indicated by higher values of central venous pressure. Despite the achievement of donor management goals, lactate values are the highest in BDDs from post anoxic encephalopathy but urine output (an indirect index of systemic perfusion) is maintained.”
- Limitations have been rewritten, following the reviewer’s suggestions.
- We added p values in Table 1. We apologize.

*Reviewer #2:*

According to the Italian law death by neurologic criteria is certificated after a 6-hour observation period (as stated in the Methods Sections). Time 1 refers to the beginning of this period, time 2 to the end of this period. We added the latter sentence to the present version of the manuscript.

We agree with the reviewer that investigation the relationship between aetiology of brain death and success of transplants and survival outcomes may be interesting. However, this is outside the aim of the present investigation which was aimed to assessing whether aetiology of brain death could influence hemodynamic management of donors. We are still collecting data to investigate the relationship (if any) between hemodynamic and success of transplants.

Table 1 (present version) includes the number of utilized donors in each subgroup, as suggested by the reviewer.

We agree with the reviewer that data presentation was not easy. We prefer to describe characteristics of the study population in a Table and hemodynamic data in another. We made some attempts, as suggested by the reviewers. A Table including all hemodynamic data would be, in our opinion, difficult to read.

References have been updated throughout the manuscript.

Conclusions have been rewritten. The Introduction has been modified according to the reviewer’s suggestions. We did not include data on machine perfusion since these are outside the aim of the present investigation. The introduction section was rewritten according to the reviewer’s suggestions.

The term “donor manager protocol” refers to our protocol whose management goals are reported in the “Methods Section”.

In the Methods “X” has been corrected in the Methods. We apologize

We agree with the reviewer that our findings should be confirmed in a larger data set. We add it in the Discussion section.

*Reviewer #3:*

We thank the reviewer for his/her kind comments. The manuscript has been revised by a mother-tongue expert. Following the reviewer’s suggestion, the abbreviation of brain death donors has been changed from DBD to BDD. The p value of utilization rate has been supplemented.

**MS Re: NO.: 82500 -R2**

#### **REPLY TO REVIEWERS**

*Reviewer #1*

Tables were added to the present version of the manuscript. We apologize

*Reviewer #2*

- In the revised version of the manuscript (Revision 1), we used BDD (instead of DBD) following the suggestion of another reviewer. In the present version of the manuscript (Revision 2) we used DBD.
- We agree with the reviewer that post-transplant survival would be of interest. However, it is outside the aim of the
- In the present version of the manuscript, we used “single-centre”, as suggested by the reviewer
- As shown in Tables, SBP and DPB values were reported (mean  $\pm$ SD) and lactate values (median IQR)
- The term “no differences” was deleted. We apologize
- “donor manager protocol” has been corrected We apologize
- The present version of manuscript has been revised by a mother-tongue expert.
- Limitations of the study were amended.