

*Peer review*

“The topic has a great interest given the lack of studies in this field in liver transplant recipients. Nevertheless the higher rate of seronegative patients in the preemptive group could explain the higher rate of infections in this group.”

Comment: There is an imbalance of sero-negative patients between the two groups in our study (Table 1) and following the above argument, one might have supposed that the prophylaxis group was at higher risk of infection. It turns out that none of the 19 sero-negative patients in the study had CMV viremia/infection, however, so that this could not have contributed to our findings.

“It would be interesting to include some data regarding duration of treatment in both groups and regarding the specific period of time after transplant in which the CMV infection occurred (early infection vs. late infection).”

Comment: these data are now shown in the results: In total 19 Patients (15%) received ganciclovir due to CMV viremia and/or infections. The therapy started  $29 \pm 20$  days after transplantation on average and lasted for a mean of  $18 \pm 12$  days.