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Editor-in-chief
World Journal of Gastroenterology

21 October 2013

**RE: Evolution of Hepatitis B Management in Kidney Transplantation
(Manuscript Number: 5436)**

Dear Professor Ma,

We would like to thank the reviewer's valuable comments on our manuscript. Our responses to the comments are listed as follows:

Reviewer 1

1. Suggestion to modify the statement on the use of interferon in renal transplant recipients and to include Sanai FM, et al, 2013 as reference.
The statement has been modified [page 7] and reference has been included as suggested [reference 30].
2. Suggestion to delete two repeated opening statements on page 7.
Amended as suggested.
3. Suggestion to modify the statement regarding the recommendation to continue with lamivudine treatment in lamivudine-resistant patients prior to the availability of adefovir.
The statement has been revised as suggested [page 10].
4. Suggestion to use "a more potent response" to describe the potency of entecavir on page 12.
The statement has been revised as suggested [page12].
5. Suggestions to use the term "HBV DNA undetectability" instead of "HBV clearance" on page 12.
Amendments made on page 12 as suggested.
6. Suggestion to include a table to summarize the important clinical trials of anti-viral therapies in HBsAg-positive renal transplant recipients.

Table 1 has been included to summarize such information.

7. Suggestion to include a section on indications and duration of anti-viral treatment in renal transplant recipients.

The indication of anti-viral treatment is obviously to prevent HBV-related liver complications. Due to a paucity of data, the optimal duration of anti-viral treatment for HBsAg-positive kidney transplant recipients remains undefined. Our preliminary experience suggests that while most patients require lifelong antiviral therapy discontinuation may be cautiously attempted, with success, in carefully selected low-risk patients [page 8].

Reviewer 2

1. Suggestion to include a table to summarize the important clinical trials on anti-viral therapies for HBsAg-positive kidney transplant recipients and an algorithm for the management of HBV infection in renal transplant recipients.

Table 1 and Figure 1 have been included as suggested.

Hereby we submit our revised manuscript for consideration of publication.
Thank you.

Yours sincerely,

Tak Mao CHAN