RESPONSE LETTER:

EDITOR:

We have changed the contribution of authors and abstract

REVIEWER 03117443

We routinely performed a liver biopsy in all octogenarian donors and the type and steatosis grade are shown in Table 1. In our experience we take with care a small liver biopsy and the graft never showed subcapsular hematoma. In Materials and Methods (donor and recipient characteristics) we have exposed the criteria for acceptance of the octogenarian livers, including findings of liver biopsy. We think that the liver biopsy is very important to increase the pool of octogenarian livers for transplant, because we cannot discard liver grafts only by their older appearance.

We agree with your teaching point: *"if the allograft looks and feels good with a good donor chart just go ahead and use it"*, but also adding with normal histology (absence of hepatitis, or fibrosis or moderate-severe steatosis), and absence of atherosclerosis in the proper hepatic artery or bifurcation with gastroduodenal artery.

Most of the donors in Spain do not have CT scan exploration before procurement. Then we do not have any experience to detect pre-recovery atherosclerosis.

Of course, donor morbidities can negatively influence over octogenarian livers, but it is for this and other reasons that we defend the use of liver graft biopsy with the intention to exclude liver pathology and then to increase the octogenarian liver pool for transplantation.

REVIEWER 01560442

Statistical method: review and reform

We have reviewed the statistical analysis according to STROBE guidelines and we have detected some errors that have been corrected (items 15, 16). We also added the number of patients at risk in the survival curves (as other corrections the new survival curves are in red color). In the section of Results related with risk factors of patient and graft survival, we have performed several modifications that have been transferred to Table 6 (multivariate Cox regression analysis of predictors of patient and graft survival). These changes have also been performed in the discussion.

REVIEWER 03660289

1. We routinely used portal vein flush in all types of liver grafts, independently of the donor age (see in the section of donor and recipient characteristics).
2. All cases of acute rejection were confirmed by histological examination (see in the section of postoperative complications, mortality and patient and graft survival).
3. In relation to the graft preservation injury, it was classified according to the severity of pericentral or centrilobular necrosis, cytoaggregation and hepatocyte swelling in three categories (see section of donor and recipient characteristics)
4. All patients were followed by the surgeons of Abdominal Organ Transplantation Unit. All transplant recipients had at least 1 year of follow-up (see the section of study population). All details of follow-up are exposed at the end of the study population.