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Reply to reviewer

- We agree with the reviewer that the timing for the active treatment of the donor is the key factor for an efficaceous DBD management, since it enables the maintainment ofoptimal systemic perfusion. A dedicated paragraph was added to the present version of the manuscript. "The main target of "an early management" is the achievement of good systemic perfusion since ICU admission in a patient with severe neurologic injury despite his/her potential non favourable outcome. According to our experience, three steps for an efficaceous treatment can be identified. The first one starts with ICU admission of a patient with severe neurologic injury and it is strictly part of critical care, consisting of hemodynamic, metabolic and infectious monitoring. In this phase, an echocardiographic assessment allows the detection of previous (eventually unknown) heart disease as well as new-onset cardiac conditions, such as stress cardiomyopathy, which deserve targeted therapies. Dosages of vasoactive drugs should be tailored in order to avoid excessive organs' vasoconstriction, possibly by means of close monitoring of hemodynamic targets (in primis central venous pressure and lactate values). The second step is represented by treatments during brain death development and it mainly consists of the management of hemodynamic and metabolic deragements. Finally the third step that is properly "DBD management" since brain death diagnosis to the operating theatre".

- Following the reviewer's suggestion, the "management goals" have been described.

- We completely agree with the reviewer that the clinical role of echocardiogram in DBD management should not be limited to "heart donor"

since echocardiographic evaluation, possibly serial echocardiographic assessments, allow a tailored hemodynamic management, which guarantees an optimal systemic perfusion.

- In regard to age and DBD, as suggested by the reviewer, we added to the present version of the manuscript, more clinical directed concepts.