

August 7<sup>th</sup>, 2022

Editorial Office of Baishideng Publishing Group Inc

*World Journal of Transplantation*

Dear Editorial Office:

Thank you for giving us the opportunity to submit a revised draft of our manuscript titled **“Liver transplantation during COVID-19: adaptive measures with future significance”** to your respected journal.

We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on our manuscript. We have been able to incorporate changes to reflect the suggestions provided by the reviewers. We have highlighted the changes within the manuscript. Here is a point-by-point response to the reviewers' comments and concerns.

Response to Reviewer 1

**Comment 1.1:** After COVID-19, the field of transplantation in general, and liver transplantation in particular, underwent major changes in listing strategy, immunosuppression and vaccination of recipients (Pfizer's BNT162b2). This retrospective review of the problem experienced by all transplant units highlights the effectiveness of many measures, including the importance of telehealth. The work is well developed and provides a strategic vision for the solution of problems that may happen again in similar circumstances, and we must therefore highlight the agility and efficiency of transplant units around the world in overcoming this health crisis in such a short period of time.

Response: Thank you for taking the time to review our collective work. Hopefully, the current crisis will serve as a learning experience for transplant programs to adapt even more swiftly in the case of future health emergencies.

## Response to Reviewer 2

**Comment 2.1:** I read with interest this narrative review on the impact of COVID-19 pandemic on the transplant setting. The Authors highlighted several points (e.g., the reduction of waitlistings and the increase in mortality when the pandemic peaked; the potentially impactful role of micophenolic acid in transplant recipients who get infected) that have been highly debated among the transplant community. Then they looked at telehealth as a valuable tool for the follow-up of transplant recipient especially in emergency situation as a pandemic. The paper is fluent, well-written, without significant typos. Table 1 is quite informative. I have only some personal comments, that I would like to discuss with the Authors.

Response: Thank you for your thorough review, and your insightful comments on our work. We have incorporated the changes you suggested throughout the manuscript, as they truly improve the quality of our collective work.

**Comment 2.2:** I think that telehealth cannot be offered to each transplant recipient, but only to the stable ones. For instance, I would not consider it for adolescent patients, who are at high risk of non-adherence, and subsequently to acute/chronic rejection.

Response: In the final paragraph of “Telehealth in liver transplantation”, we now emphasize that, in adolescent patients in particular, adherence can be an issue, despite them being more familiar with new technologies. This additional “drawback” has been added as part of Table 1. Please see highlighted text.

**Comment 2.3:** I think that telehealth can be considered as a valuable tool to be used together with (and not as an alternative to) the classic process (e.g., outpatient visit).

Response: This is an excellent addition. GPs can help improve many areas where telehealth is lacking – such as the absence of a much-needed physical exam, which can help diagnose acute and chronic rejection episodes faster and much more accurately. Please see highlighted text.

**Comment 2.4:** MMF was associated with worse survival after COVID-19 infection, as the Authors showed in this review. I think that this should not be a reason to withdraw MMF to all LT recipients after they get infected, unless a careful discussion with the Transplant Center.

Response: In the section “Immunosuppression and covid-19 in liver transplant recipients”, we now emphasize that the choice of the immunosuppressive regimen must be individualized for each patient, and is a complex decision that cannot be based on individual study outcomes regarding the outcomes of MMF in COVID-19 patients. The benefits of choosing the appropriate drug combination must be weighed against the possible side effects of each individual drug, before excluding one component of an otherwise well-balanced regimen. Please see highlighted text.

**Comment 2.5:** The latest COVID-19 waves carried different outcomes than that of first waves. I think (and I hope) that the impact of COVID-19 on transplant activity will be less strong than in the past.

Response: In the introduction, we now mention that each consecutive wave carries different epidemiologic characteristics, which were different than those of the catastrophic first wave of the pandemic. However, we believe that the transplant

community was able to adapt because of the swift implementation of new measures, which had a significant impact on the outcomes measured in August 2020. Please see highlighted text.

Thank you for your valuable comments. We hope that our work, after our revisions, is felt appropriate to publish in World Journal of Transplantation and perceived as educational to the Journal's readership. Thank you again for inviting us to submit a revision of our work to your journal. We look forward to hearing from you in due time regarding our submission and to respond to any further questions and comments you may have.

Sincerely,

Martin I. Montenovo, M.D., FACS,

Department of Surgery, Division of Hepatobiliary Surgery and Liver Transplantation,  
Vanderbilt University Medical Center, Nashville, TN, USA