

Subject: Response to Reviewers' Comments - Manuscript ID 88734

Dear Editor-in-Chief Jin-Lei Wang,

We express our sincere gratitude for considering our manuscript, for publication in the World Journal of Transplantation. We greatly appreciate the constructive feedback provided by the reviewers, which has undoubtedly enriched the quality and depth of our work.

In response to the reviewers' comments, we have meticulously addressed each point raised. We believe that our revised manuscript is now well-aligned with the journal's standards and objectives. Below, we present a comprehensive point-by-point response to the reviewers' feedback:

Reviewer #1

Q: The authors have attempted well and have written a crispy and precise manuscript, Although, a lot can be find in literature on this subject. However, its seem reasonable to report such a cohort with good follow up. The manuscript seem fine to me, however it would suggest to improve the discussion section and report a good literature review in discussion section. Few of shortcomings have been marked in manuscript file.

A: Thank you for your comment. The marked questions in the manuscript file were corrected and are marked in the underlined version of the file. Two recently published articles were also included in the discussion as suggested.

"The early BA diagnosis and the timing to perform the Kasai procedure also influences the decision to indicate a primary LT for BA. A recent European cohort study in BA patients compared early Kasai, late Kasai and primary LT. As expected, native liver survival in 5-y was under 50% (47% early, 30% late Kasai and 4% for those without a portoenterostomy). Overall 5-y survival, however, was quite comparable among the same groups (91, 83 and 80%, respectively). This study raises an important question as to whether age alone should limit the indication to perform a Kasai procedure. [24]

Lemoine et al. published their cohort of 113 BA patients submitted to LT. Interestingly, only 14 (12%) underwent a primary LT. In our report, 54.7% of the BA patients underwent a primary LT. This finding may reflect the impact of a late BA diagnosis, precluding the Kasai procedure in developing countries, as in Brazil.[25] "

We believe that the alterations and clarifications we have implemented successfully address the reviewers' concerns while enhancing the manuscript's overall quality. We are confident that our revised version, accompanied by this detailed response, meets the journal's standards for publication.

Once again, we extend our gratitude to the reviewers and the editorial team for their time, expertise, and valuable feedback. We eagerly await your final decision regarding the publication of our manuscript. Thank you for the opportunity to contribute to the World Journal of Transplantation.

Sincerely,

Dr Feier

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In response to the reviewers' comments, we have added the final comments.

Reviewer #2

Q: The authors have improved the manuscript quality. I am satisfied with the revision. However, the manuscript is not in order. The headings did not have the required details (e.g below introduction section methodology details is given).

A: Thank you for your comment. Unfortunately the article lost the format when uploaded in the F6 system. The headings and other issues were corrected and sent to the editor.

Once again, we extend our gratitude to the reviewers and the editorial team for their time, expertise, and valuable feedback. We eagerly await your final decision regarding the publication of our manuscript. Thank you for the opportunity to contribute to the World Journal of Transplantation.

Sincerely,

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Dear Editor-in-Chief Luis Cesar Bredt,

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Journal Editorial Board Comments

Q: This cohort of 42 patients with biliary atresia were divided into those undergoing primary liver transplantation without portoenterostomy and those undergoing liver transplantation with prior portoenterostomy. This manuscript highlights the effect of Kasai procedure in LT results, and this issue if of high importance, the methodology is proper, and the figures are well displayed. The discussion is concise and updated. Minor english polishing is needed, mainly in English concordance.

A: Thank you for your comment. English was reviewed and the last added sentence was rephrased. I would also like to highlight that te whole manuscript went through Native English revision. The two versions of the manuscript (marked and clean) are attached.

Once again, we extend our gratitude to the reviewers and the editorial team for their time, expertise, and valuable feedback. We eagerly await your final decision regarding the publication of our manuscript. Thank you for the opportunity to contribute to the World Journal of Transplantation.

Sincerely,

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