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**Name of Journal:** *World Journal of Transplantation*

**ESPS Manuscript NO:** 25684

**Manuscript Type:** ORIGINAL ARTICLE

Dear Editor,

Thank you for taking the time to review our manuscript, "Palliative Care Resources are Underutilized in Liver Transplant Candidates." We have revised our manuscript per your and the peer reviewers' recommendations. The file has been updated to concur with your journal's particular style in terms of references and figures.

We acknowledge that this study is limited by a relatively small sample size; however, it represents the *entire* eligible population at our liver transplant center during the study period, so is an unselected group. Another limitation is that we only evaluated those who died or were delisted rather than all patients on the liver transplant list. This was intentional, as we first wanted to evaluate the uptake of palliative care among those for whom death was certain. Despite these limitations, this study represents one of the largest to date to evaluate palliative care consultation in the liver transplant population. Given the high symptom burden of patients with cirrhosis, we advocate for increased utilization of palliative care services – for both symptom management and discussions regarding goals of care – and integration of such services early in the liver transplant listing process.

We sincerely believe that this study represents a critical first step towards developing interdisciplinary programs directed at providing palliative care to liver transplant candidates, and future studies should focus on understanding barriers to early integration of palliative care in the liver transplant population among all ages and ethnicities, in both the inpatient and outpatient setting. Ultimately the goal should be to facilitate collaboration and, perhaps, even co-management between transplant and palliative care providers for the care of these complex patients – even when the intention to treat is curative – to improve the quality of care and quality of life for patients with cirrhosis awaiting liver transplantation.

Again, thank you for taking the time to review our manuscript. Please do not hesitate to contact us should you have any questions.

Sincerely,  
Jennifer C. Lai, MD, MBA

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**Reviewer's code:** 00005191

The paper aims at evaluating current utilization of palliative care services in liver transplant candidates who did not survive to liver transplant. Among patients with decompensated cirrhosis mortality is high as a direct result of complications of end-stage liver disease within five years. Of the 683 patients newly listed for liver transplant in 2013-2014 at a single center, 107 (16%) ultimately died prior to receiving an organ or were delisted for being too sick. Among the aforementioned 107 patients, 17% received a palliative care consult, 89% of which occurred in the inpatient setting. Half the consultations occurred within 3 days of death. In univariable analysis, younger age, white race, MELD at listing, and MELD at delisting were associated with palliative care consultation. In multivariable analysis, only younger age and white race remained associated with palliative care consultation. The Authors therefore conclude that palliative care services are still underutilized in liver transplant candidates, especially in the older, non-white population. The paper does not disclose, but confirms, data and information already published. It is important, though, to reiterate to the clinical community the importance of timely integration of palliative care in transplant decision-making. The manuscript is worth publishing without particular priority but certainly without much editing.

**Reviewer's code:** 03254239

The authors have presented an interesting study on Underutilization of Palliative Care Services in the patients who don't reach Liver Transplant. The study brings out an important message.