

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Outcomes of transplantation of livers from donation after circulatory death donors in the UK
AUTHORS	van der Meulen, Jan; Callaghan, Christopher; Charman, Susan; Muiesan, Paolo; Powell, James; Gimson, Alexander

VERSION 1 - REVIEW

REVIEWER	Simon Bramhall Consultant Liver Transplant Surgeon University Hospitals Birmingham NHS Foundation Trust
REVIEW RETURNED	24-May-2013

- The reviewer completed the checklist but made no further comments.

REVIEWER	Jan M.N. IJzermans MD, Ph.D Professor of Surgery Department of Surgery, Erasmus MC, University Medical Center Rotterdam the Netherlands
REVIEW RETURNED	09-Jul-2013

GENERAL COMMENTS	I have only two comments and questions for the authors: 1. The authors compared both partial and whole grafts between DCD and DBD livers. The use of partial grafts from DBD is very uncommon, opposite to DCD. I presume that if the authors compare only whole grafts and leave out the partial graft from the analysis the difference in graft and patient survival would be even greater than in the current analysis. Could the authors comment on that? 2. In table 2 cold ischemic time should be in hours and not minutes.
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VERSION 1 – AUTHOR RESPONSE

In response to the first comment of reviewer 2 (IJzermans) on the more frequent use of partial organs in DBD recipients (please not here that the reviewer has made a mistakes in his comment using "DBD" and "DCD" the wrong way round), we have added in the third paragraph of the Discussion (page 10), an extra sentence to highlight that "partial organs were more often used for DBD recipients than for DCD recipients."

We also corrected the units (from minutes to hours) for cold ischemic time in Table 2 as well as in the second paragraph of page 11.

IN ADDITION, we have added a structured abstract (page 2) and included statements on contributorship as well as funding (page 13).