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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41811

Title: Risk of Recurrence of Primary Sclerosing Cholangitis after Liver Transplantation is Associated with De Novo Inflammatory Bowel Disease

Reviewer’s code: 00049331

Reviewer’s country: Turkey

Science editor: Xue-Jiao Wang

Date sent for review: 2018-09-02

Date reviewed: 2018-09-09

Review time: 6 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|--|---|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer’s expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Minor revision | <input type="checkbox"/> Advanced |
| | | <input checked="" type="checkbox"/> Major revision | <input checked="" type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

In this retrospective study, the Authors aimed to assess the risk of recurrence of PSC after liver transplantation. This informative study showed that De novo colitis and acute cellular rejection are clinical conditions significantly predisposed towards recurrence of



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PSC after liver transplantation. However I have some comments. Material and methods should be shortened and changed to formal shape. In this section, numerated information should be omitted. Subtitles should be written as the same form in the abstract and main text (Methods vs Patients and methods). Beginning of the results should be clear and focused on the main patient's data. The present study was well discussed. After arrangement according to comments, this paper is acceptable for publication.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41811

Title: Risk of Recurrence of Primary Sclerosing Cholangitis after Liver Transplantation is Associated with De Novo Inflammatory Bowel Disease

Reviewer’s code: 01557045

Reviewer’s country: Mexico

Science editor: Xue-Jiao Wang

Date sent for review: 2018-09-07

Date reviewed: 2018-09-10

Review time: 3 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language | (High priority) | <input type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | polishing | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of | (General priority) | Peer-reviewer’s expertise on the |
| <input type="checkbox"/> Grade E: Do not | language polishing | <input type="checkbox"/> Minor revision | topic of the manuscript: |
| publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Major revision | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> General |
| | | | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Although retrospective and analyzing the well known remanence of inflammatory bowel disease and primary sclerosing cholangitis after liver transplantation, the paper does a very nice analysis of the transplanted patients in a 21 year period with this



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problem. The paper deserves publication, because although not a review, the reader can also obtain a well-developed discussion that gives a global idea of the problem. Perhaps it will be of value to include a couple of paragraphs that give an update of new alternative treatment for both problems after liver transplantation.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
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- No

BPG Search:

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- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41811

Title: Risk of Recurrence of Primary Sclerosing Cholangitis after Liver Transplantation is Associated with De Novo Inflammatory Bowel Disease

Reviewer’s code: 03254197

Reviewer’s country: United States

Science editor: Xue-Jiao Wang

Date sent for review: 2018-09-07

Date reviewed: 2018-09-20

Review time: 13 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|--|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer’s expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Minor revision | <input checked="" type="checkbox"/> Advanced |
| | | <input checked="" type="checkbox"/> Major revision | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Bajer et al. present a single center, retrospective study examining the risk factors for recurrent PSC (rPSC) following liver transplantation (LT) for primary PSC. This study finds two risk factors – the presence of de novo colitis and history of ACR to be



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positively associated with rPSC. This study addresses an important area to better understand recurrent PSC after LT. The study's strengths include clear presentation of inclusion and exclusion criteria, and a thorough work up of each patient both pre- and post-LT. However, the following concerns dampen my enthusiasm for publication at this time: Major concerns: - It is unclear why the authors choose to only show univariate analysis of the risk factors in Table 2. It appears the study also conducted multivariate analyses, and this data (especially that of the overlap AIH/PSC subgroup analysis) should be shown in greater detail in the manuscript to better evaluate the study and risk factors. - More rationale needs to be provided for studying HLA typing, specifically what is the clinical impact that their findings may have. - Albeit small numbers, the study had 8 of 15 patients (53%) with rPSC who needed re-transplant. It would be helpful to provide more description of these patients and their clinical characteristics. There also seems to be some discrepancy as the last sentence in "Survival outcome" states a total of seven patients experienced re-transplant. Please clarify. - Regarding cases of rPSC - were there biochemical changes, i.e. increased alk phos or liver enzymes? Inclusion criteria include regular blood testing, so presumably this data is available. - The medical regimen for IBD treatment post-LT should be better described. In addition, it would be useful to know how the cases of de novo IBD presented - were they picked up on routine colonoscopy, or were they symptomatic and prompted colonoscopy, or changes in ESR and anemia? Is there any data on the natural history of the cases of de novo IBD or even the activity index at diagnosis? Can the authors speculate in the Discussion as to how we can either intervene or diagnose these cases earlier in the course? - Table 3 - what were the statistical methods used? Minor concerns: - The patient population was examined from 1994-2015. Prior to 2004, Cyclosporine was the primary immunosuppressant. CSA can be used as treatment for IBD. An interesting analysis would be to examine for any difference between the rates of de novo IBD and rPSC



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between the two time periods. - Page 10 - In total, 29 patients (61.7%) were diagnosed with IBD prior to OLT. They all had quiescent pancolitis (Mayo 0-1) with long-term aminosalicylate and ursodeoxycholic acid (8-20 mg/kg/day) treatment. Does this mean the Ursodiol was used as IBD treatment? Or was it for the PSC? Please clarify.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- Duplicate publication
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- No

BPG Search:

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- Duplicate publication
- Plagiarism
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