

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 59421

**Title:** ERCP and liver biopsy in the evaluation of elevated liver function tests after liver transplantation

**Reviewer's code:** 03475479

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Lecturer

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-09-14

**Reviewer chosen by:** Yue Yang (Quit in 2020)

**Reviewer accepted review:** 2020-10-17 06:37

**Reviewer performed review:** 2020-10-17 07:55

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

ERCP is an invasive procedure. Most of liver function abnormality could be diagnosed by liver biopsy. CT or MRCP can diagnose most of anastomotic stricture. ERCP is an useful method as a treatment modality for anastomotic stricture, but it might be over-invasive for a diagnostic modality alone. Authors should show the results of CT or MRI before ERCP.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 59421

**Title:** ERCP and liver biopsy in the evaluation of elevated liver function tests after liver transplantation

**Reviewer's code:** 03259763

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Attending Doctor, Doctor, Research Associate

**Reviewer's Country/Territory:** Germany

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-09-14

**Reviewer chosen by:** Yue Yang (Quit in 2020)

**Reviewer accepted review:** 2020-10-17 07:23

**Reviewer performed review:** 2020-10-20 18:49

**Review time:** 3 Days and 11 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

Samuel Han and Coworkers evaluate in their retrospective study the value of ERCP and liver biopsy in the assessment of increase in liver enzymes after liver transplantation. Among 1284 patients who underwent liver transplantation, 96 patients with increased liver enzymes were further analyzed. Overall, the manuscript is written well and the topic of interest, and could be recommended for publication after addressing of several issues as outlined below. Especially the role of MRCP versus ERCP should be further back-up by data. Was MRCP conducted in all patients prior ERCP? MRCP as a noninvasive approach should also be discussed in more detail in the discussion section, e.g. p. 12 "... are poorly specific for any single diagnosis..." and p. 12, line 9 "ERCP is not only more accurate than MRCP..." this seems to be questionable for MRCP compared to ERCP. Please provide more data, as ERCP nowadays is predominantly selectively conducted when an intervention is planned. Conclusions made by the authors on the recommendation to conduct ercp seems to be to strong and should be balanced with the recommendations for mrpc (p. 14, line 6 "...Transplant physicians should have a lower threshold to perform both LB and ERCP when evaluating abnormal LFTs...") Did ERCP reveal secondary sclerosing cholangitis in one or more of the patients? How many patients received immunosuppression with two drugs (or even three), and which combinations were used? Please provide data. Concerning the diagnosis of ACR, where the levels of immunosuppressants measured? Were they adequate? Please provide data. p. 5, line 6 other guidelines available worldwide include the guidelines by the European association for the study of the liver (EASL) should also be included and discussed, as the audience of the journal is worldwide. Further data on the exclusion (type and quantity of complication) is required: p. 6, line 5: "patients with medication" please explain, this refers to medication-associated liver



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injury? Please provide data on the specific medication. Please also state how many patients suffered from vascular or post-operative complications, and which type those were. How were these complications assessed and excluded? Were other complications depicted in Figure 4 present in these patients? Please provide data. A combination of these complications to AS and ACR might occur also, and are not included in this analysis. Please provide more data. p. 11, line 4: rate of complications seems to be very low. Consider to add AUROC curves for both liver biopsy and ERCP.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

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**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2020-11-03 13:13

**Reviewer performed review:** 2020-11-04 06:40

**Review time:** 17 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The manuscript file could not be found.

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**Author's Country/Territory:** United States

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**Reviewer performed review:** 2020-11-08 11:40

**Review time:** 5 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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After the adaptations, the manuscript can now be recommended for publication