



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39018

Title: LIVER TRANSPLANTATION AND ALCOHOLIC LIVER DISEASE: HISTORY, CONTROVERSIES AND CONSIDERATIONS

Reviewer’s code: 02099384

Reviewer’s country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-04

Date reviewed: 2018-04-05

Review time: 22 Hours

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 checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 checked="" 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

Marroni et al described a review on liver transplantation for alcoholic diseases. I have some comments. 1. Please add page numbers for reviewer’s convenience. 2. The section “HISTORICAL PERSPECTIVE, CONTROVERSIES AND CONSIDERATIONS” is long,



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which should be divided with subsections. 3. What do you mean by the paragraphs with italic letters in the final page?

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39018

Title: LIVER TRANSPLANTATION AND ALCOHOLIC LIVER DISEASE: HISTORY, CONTROVERSIES AND CONSIDERATIONS

Reviewer's code: 03509551

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-04

Date reviewed: 2018-04-15

Review time: 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input checked="" type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
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			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

It is a timely review since the number of transplants for alcoholic cirrhosis is on the rise. Also, the consumption of large amount of alcohol is on the rise and the ALD as well.

1. I agree with the authors that a 6 months- rule requires further discussion. It could be



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flawed and a 3-months abstinence with good social support and absence of personality and psychiatric disorders might be better predictors for relapse. I am not sure I understand or agree with the discussion on legal requirement to list nonsobber patients. I do not agree with the comparison with ALF due to ecstasy and other liver failure causes. Unfortunately, some patients for various reasons are not candidates for liver transplant and as a result die from their disease. The goal is still to not transplant patients who are at a very high risk for relapse despite their grim outcome without a transplant. 2. In the subheading :Management of alcoholic addiction before LT, last paragraph I disagree with the discussion on the amounts of alcohol consumed post transplant. I think it needs to be strongly emphasized that if the ALD was the reason for transplant, the patients are obligated to stay abstinent. 3. In the subheading on surgical issues in the liver transplantation for alcoholic liver disease I am not sure I would be combining the various techniques of doing the liver transplant and the surgical treatment of malignancies. This discussion could be moved to a malignancy section. Overall, I think this article should emphasize that the 6 months rule continues to be in question but we should strive to keep the rate of recidivism to a minimum.

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