

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 86784

Title: Impressive recompensation in transjugular intrahepatic portosystemic shunt-treated individuals with complications of decompensated cirrhosis based on Baveno VII criteria

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06368927

Position: Editorial Board

Academic degree: Doctor, FACC, MD

Professional title: Assistant Professor, Senior Researcher, Senior Scientist

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-07-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-08 06:18

Reviewer performed review: 2023-07-08 18:37

Review time: 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

I congratulate the authors for conducting this very relevant study which may have a potential future bearing in our practice while taking care of decompensated chronic liver disease patients. They showed that around one-third of individuals achieved recompensation after TIPS and also determined that preoperative PPG < 12 mmHg and a younger age were independent predictors of recompensation. The quality of data and discussion is in general good and has been supplemented with appropriate discussion and reasoning. While we can appreciate the many strengths of the study, we must also look into the limitations:- retrospective nature and a small single centre data limits the generalisability of the study. A validation cohort might have helped to confirm the independent association of preoperative PPG < 12 mmHg and a younger age with recompensation. Further, the Baveno VII definition of recompensation is yet not validated across different races and across different aetiologies of cirrhosis and hence



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using the same may not be appropriate. specific comments: 1) the Helsinki declaration has been recently amended in 2013. State whether your study conforms to the same 2) In the result sections, in the paragraph on Baseline and on-treatment characteristics of patients with and without recompensation, what does the author mean by "Patients were divided into a recompensation group (n = 20) and a no recompensation group (n = 44), of which 31% met the definition of recompensation[7,8] to compare their baseline variables." Did 31% of patients without recompensation also meet some criteria of recompensation?

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Peer-review model: Single blind

Reviewer's code: 05123456

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2023-07-07

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-01 05:25

Reviewer performed review: 2023-08-07 09:00

Review time: 6 Days and 3 Hours

Scientific quality	<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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

It is an interesting study about liver recompensation after TIPS insertion. The authors retrospectively investigated the effect of TIPS, at 1 year after the insertion. While the results are important , i have a major concern. Though all patients had received treatment against the causative factor of liver cirrhosis and afterwards they underwent TIPS, it is difficult to clarify whether liver recompensation in the 1 year of follow up period had occured due to the reduction of portal hypertension because of TIPS as the authors declare, or due to the elimination of the causative factor which was responsible for the liver damage. A possible suggestion would be to investigate separately those patients who had complete and sustained elimination of the causative factor plus TIPS, in comparison to patients who had been treated but they had not achieved complete and sustained response against the causative factor plus TIPS. I believe that this issue needs further validation Minor concerns 1. In the section of results (page 8), you did



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not give the mean value of ALT but the median one. Please correct. 2. You found a decrease of PPG postoperatively after the insertion of TIPS. Please clarify the exact time that the PPG was measured postoperatively 3. You mentioned in page 9 that "Patients were divided into a recompensation group (n = 20) and a no recompensation group (n = 44), of which 31% met the definition of recompensation to compare their baseline variables.". What do you mean? It is a little bit confusing. How patients without recompensation had met the definition of recompensation? 4. Patients who achieved recompensation returned to Child-Pugh A stages in higher proportions. Obviously, figure 4 is wrong. Sceme D probably represents patients with recompensation and E those without, not the opposite. Please correct. 5. In the multivariate analysis, the baseline Child-Pugh score and MELD score were not found to independently associate with liver recompensation at 1 year after the TIPS implementation. I believe that this is probably because of the small number of patients included in the study. Please discuss it more extensively in the section of discussion

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05123456

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2023-07-07

Reviewer chosen by: Xin-Liang Qu

Reviewer accepted review: 2023-08-16 07:39

Reviewer performed review: 2023-08-19 06:06

Review time: 2 Days and 22 Hours

Scientific quality	<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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors answered to my comments and corrected the errors that i had mentioned. However they did not answer to my major concern about the methology of the study. As it is a single arm study, and all of patients had received treatment against the causative factor of liver cirrhosis and afterwards they underwent TIPS, it is difficult to clarify whether liver recompensation in the 1 year of follow up period occured due to the reduction of portal hypertension because of TIPS , as the authors declare, or due to the elimination of the causative factor which was responsible for the liver damage. The basic problem of the study is the absence of a control group. A group composed only with patients who had received the standard of care treatment (treatment against the causative factor of the liver damage merely, without TIPS). This is a major limitation of the study and of great importance. I am not sure if this can be overpassed. The authors should discuss this further in the discussion. Moreover, they must describe extensively those factors or data that make them believe that the insertion of TIPS contributed to the liver recompensation more than the elimination of the causative factor itself.