

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 87615

**Title:** Role of intelligent/interactive qualitative and quantitative analysis-three-dimensional estimated model in donor-recipient size mismatch following deceased donor liver transplantation

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02527640

**Position:** Editorial Board

**Academic degree:** AGAF, FACC, FACP, FCPS, FRCP, FRCPE, MBBS

**Professional title:** Professor

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

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-08-18

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-10-07 17:53

**Reviewer performed review:** 2023-10-08 07:19

**Review time:** 13 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 Grade E: Do not publish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

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<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
<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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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

This is a retrospective study to identify the benefits of commercially available software 'Intelligent/interactive qualitative and quantitative analysis-three dimensional' (IQQA-3D) in deceased donor liver transplant (DDLT) to assess the liver volume. They have addressed donor-recipient size mismatch leading to Intraoperative blood loss (IBL) and early allograft dysfunction (EGD) in the setting of DDLT. Receiver operating characteristic (ROC) curves were drawn to detect the optimal cut-off values of standard total liver volume index (sTLVi) calculated by donor standard total liver volume (sTLV) divided by recipient standard sTLV for predicting massive IBL and EAD in DDLT and to establish an estimation TLV index (eTLVi) model. Patients with  $eTLVi \geq 1.24$  have an increased risk of massive IBL and patients with  $eTLVi \leq 0.85$  or  $eTLVi \geq 1.32$  have an increased risk of EAD. This is a well-written study. There are too many abbreviations used, even one abbreviation in the title. I would suggest omitting abbreviations in the



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title and explaining abbreviations once again in the discussion part. Some abbreviations are not explained in the text e.g., DILD, ALD, etc. What is the Changzheng formula? It should be explained in the text for those not familiar with it. Some punctuation errors for example there should be a comma before sTLVi “end-stage liver disease score, sTLVi” in the abstract. Some sentences need to be rewritten in the Results Section for better understanding for example “Therefore, eTLVi model was calculated by dividing formula donor eTLV by IQQA-3D recipient eTLV and selected as an estimation model in the study”. “On univariate logistic regression, we found that sTLVi was at increased risk of massive IBL” “Distribution of donor characteristics was similar except MD-FR combination”

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**Peer-review model:** Single blind

**Reviewer's code:** 05077783

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Assistant Professor, Surgeon

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

**Author's Country/Territory:** China

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**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-10-20 04:49

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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 checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

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<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

The authors present an article on liver volume estimation for deceased donor transplantation. This is a topic of scientific interest, as in many cases volume estimation is done empirically, and a standardized technique for liver volume estimation could avoid many cases of small- and large-for-size syndrome. There are minor corrections of writing in the English language - such as "first" on line 4 of page 3. Some aspects of the methods should be further explained, such as what is the exact meaning of prolonged hypotension of the donors, and what is the precise meaning of continuously in the fifth selection criteria. In the results section, it is stated that 27,1% and 15% of EAD were caused by LFSS and SFSS, respectively. What diagnostic criteria were used to make sure that was the cause of EAD? In some cases, receptors with large ascites can accommodate larger liver grafts than estimated based on the size of their native liver - how is the presence of significant ascites accounted for in this model for donor-receptor size



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compatibility?