



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 35881

Title: Risk factors for the development of biliary strictures post liver transplant: the significance of bilirubin.

Reviewer's code: 01221925

Reviewer's country: Greece

Science editor: Li-Jun Cui

Date sent for review: 2017-08-14

Date reviewed: 2017-08-14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting paper looking at the incidence of biliary strictures in patients undergoing orthotopic liver transplantation at a single center, including the risk factors associated as well as the role of bilirubin. Could the authors please respond to the following questions: 1) In patients with elevated bilirubin at day 7, what did the authors do? What studies were performed to identify a cause? How soon thereafter was a stricture recognized? 2) Did patients with a T-tube undergo routine cholangiograms? If not routinely, when? 3) How long were the T-tubes left in place? 4) Why do the authors think that the incidence of biliary strictures in patients with hepaticojejunostomies was higher? Was it a technical issue or a matter of primary disease? 5) What kind of algorithm do the authors propose in patients with elevated bilirubin on day 7? 6) What happened to the elevated bilirubin on day 7? Did it increase/decrease and how quickly? 7) How does this study differ from other studies in the literature looking at the



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association of biliary strictures and elevated bilirubin?



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 35881

Title: Risk factors for the development of biliary strictures post liver transplant: the significance of bilirubin.

Reviewer's code: 02454185

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2017-08-21

Date reviewed: 2017-08-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting work investigating the complications of liver transplation. I have several comments for the authors to improve the manuscript. 1. The objective criteria for defining stricture should be described in the method section. especially the inner diameter used for the diagnosis. 2. "All continuous variables are expressed as median (interquartile range) and all categorical variables as frequency (percentage). "---insert a reference after the sentence (Ann Transl Med. 2016 Mar;4(5):91. doi: 10.21037/atm.2016.02.11.). 3. Table 3: why not perform statistical testing for the three groups? Some characteristics might be different among the groups. 4. the causal relationship between stricture and elevated bilirubin was important. the former may be the reason and the later is a consequence of the stricture. 5. "Multivariable logistical regression analysis was performed to determine the risk factors for biliary strictures following transplantation."---add a reference after this sentence (Ann Transl Med. 2016



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Mar;4(6):111. doi: 10.21037/atm.2016.02.15.). 6. further analysis was required to give the diagnostic accuracy of serum bilirubin for predicting stricture. some statistics can be clinically relevant such as sensitivity, specificity and AUC.



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 35881

Title: Risk factors for the development of biliary strictures post liver transplant: the significance of bilirubin.

Reviewer's code: 00504591

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2017-08-21

Date reviewed: 2017-08-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Forrest et al analyzed the data of liver transplant patients and drew the conclusions that the risk factors for bile duct stenosis after liver transplantation. I have some comments. 1. P8. What is the indication of intervention for biliary stenosis? 2. P8 How often are the patients cared in the outpatient clinics?



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 35881

Title: Risk factors for the development of biliary strictures post liver transplant: the significance of bilirubin.

Reviewer's code: 02539179

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2017-08-14

Date reviewed: 2017-08-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The article title is not appropriate because bilirubin level is not a risk factor for the development of biliary strictures post liver transplantation. Hyper-bilirubinemia may be a good clinical indicator for the development of biliary strictures post liver transplant, if other causes of Hyper-bilirubinemia can be ruled out. What kind of serum bilirubin - Direct, indirect or total bilirubin was studied should be specified. The combination of serum direct bilirubin, serum alkaline phosphatase (ALP) and serum Y-Glutamyl transferase (GGT) status may have better performance than bilirubin level alone in predicting biliary stricture, which should be analyzed.



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 35881

Title: Risk factors for the development of biliary strictures post liver transplant: the significance of bilirubin.

Reviewer's code: 03538749

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2017-08-14

Date reviewed: 2017-08-25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Biliary stricture formation post liver transplantation is a frequent cause for patient morbidity and mortality and are referred to as the Achilles' Heel of transplant. This manuscript identified clearly risk factors associated with the formation of biliary strictures post orthotopic liver transplantation, and investigated potential post-transplant surveillance methods that could be used to identify patients at risk of biliary stricture formation. It is useful for our clinical work.