

## PEER-REVIEW REPORT

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

**Manuscript NO:** 36378

**Title:** The Effect of Transplant Center Volume on Post-Transplant Survival in Patients Listed for Simultaneous Liver and Kidney Transplantation

**Reviewer's code:** 02566971

**Reviewer's country:** China

**Science editor:** Li-Jun Cui

**Date sent for review:** 2017-10-31

**Date reviewed:** 2017-11-07

**Review time:** 7 Days

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 checked="" type="checkbox"/> Plagiarism	<input checked="" 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

In this manuscript, Modi et al. address that the effect of transplant center volume on survival differences between simultaneous liver kidney transplantation (SLKT) and (LTA). First, they found that SLKT patients had better survival rates compared with LTA. Further, they showed that the survival disadvantage of LTA compared with SLKT was attenuated as center volume increased. The author's work is useful and the meaning is generally clear. However, there are several points in this manuscript, which need to be addressed. 1. In the first paragraph of the results, the authors mention that "There were 121 transplant centers represented in this sample, with a median SLKT volume of 33 ... was 561 over the entire study period (range: 4 - 2696; IQR: 214- 986)". How did the authors get the statistical results? 2. In discussion, it should be addressed whether covariates affect mortality differences between LTA and SLKT recipients, such as

recipient age, gender, race, etc. 3. Reference 8 is not complete. The authors need to carefully check that each reference in the references was cited, and that each citation in the text is included in the references.

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**Title:** The Effect of Transplant Center Volume on Post-Transplant Survival in Patients Listed for Simultaneous Liver and Kidney Transplantation

**Reviewer's code:** 03529777

**Reviewer's country:** Spain

**Science editor:** Li-Jun Cui

**Date sent for review:** 2017-10-31

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**Review time:** 7 Days

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 checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

The authors present the paper "The Effect of Transplant Center Volume on Post-Transplant Survival in Patients Listed for Simultaneous Liver and Kidney Transplantation". They conclude that LTA is associated with increased mortality among patients listed for SLKT. This difference is modestly attenuated at more experienced centers and may explain inconsistencies between smaller-center and larger registry-wide studies comparing SLKT and LTA outcomes. The present study is well written, structured and designed despite being a retrospective study. One of the great advantages of this project it is the large sample size although it presents the disadvantages of follow-up that the authors detail in the manuscript. The topic of the influence of the effect center volume has been described extensively but the results obtained by this study help to reconcile controversy in the literature regarding the size

and outcomes of LTA in patients listed for simultaneous liver and kidney transplantation. Despite of the present results should be interpreted carefully due to methodology them could help in the SLKT listing guidelines. Minor revisions: In Kaplan-Meier post-transplant survival curves, according to type of transplant, the authors should include the number of patient at risk under the figure.

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

**Manuscript NO:** 36378

**Title:** The Effect of Transplant Center Volume on Post-Transplant Survival in Patients Listed for Simultaneous Liver and Kidney Transplantation

**Reviewer's code:** 02539179

**Reviewer's country:** China

**Science editor:** Li-Jun Cui

**Date sent for review:** 2017-10-31

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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 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

The study is overall informative and interesting. The renal function and relative treatment for renal failure in the LTA patients shifting from SLKT list before and after liver transplantation should be compared. The survival rate of the LTA patients who received dialysis should be compared with those didn't. The percentage of SLKT-listed patients received dialysis is surprisingly low as shown in table one.

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

**Manuscript NO:** 36378

**Title:** The Effect of Transplant Center Volume on Post-Transplant Survival in Patients Listed for Simultaneous Liver and Kidney Transplantation

**Reviewer's code:** 00503441

**Reviewer's country:** Italy

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This interesting paper by RM Modi examines the outcomes of simultaneous liver kidney transplantation (SLKT) versus liver transplantation alone (LTA) among patients listed for SLKT. In particular, the Authors examined the effect of center size on survival differences between SLKT and LTA in SLKT-listed patients. The manuscript has not novelty but it has merit since the large number of patients involved. In fact, the study includes 4580 patients obtained from the OPTN Standard Transplant Analysis and Research (STAR) Database and listed for SLKT, of whom 393 (9%) received LTA and 4187 (91%) received SLKT. The Authors demonstrated that centers with higher transplant volume achieve smaller difference in mortality with LTA as compared to SLKT among patients initially listed for SLKT. These findings further demonstrate the need for standardization of SLKT listing guidelines. The English is fluent and the

statistic tools are adequate.