



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Transplantation

**Manuscript NO:** 41208

**Title:** Impact of machine perfusion of the liver on post-transplant biliary complications:  
A systematic review

**Reviewer’s code:** 02726701

**Reviewer’s country:** Chile

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-08-01

**Date reviewed:** 2018-08-04

**Review time:** 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is a comprehensive review about a specific group of complications after liver transplantation that seem to be associated to extended criteria donors and poor liver oxygenation in the all perioperative periods before harvesting and after transplantation.



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All manuscript sections are well written, but, the Result section is confusing, because all abbreviations come together and the descriptions of each paper's findings does not allow an easy and systematized reading. My suggestion is to end each subsection with a brief conclusion about the results description. For example, in the Hypothermic machine perfusion (HMP) subsection there are three paragraphs, the first and third did not show HMP utility but the second did, so is there a net utility? In the Conclusion section it is stated that HMP is indeed beneficial. Please, intend to reorganize the Results section in order to improve the readers understanding. I did not find in the main text where it is mentioned Figure 1. In page 9, second paragraph, it is "Figure 1", but it seems to be "Figure 2". The Discussion, References, Abstract and Core Tip sections are OK. Table 1 requires some edition to fit properly all its content. Table 2 is confusing. It is mentioned just once in the HMP subsection, but it contained a lot of additional information. At the same time, it seems to be unfair, because it suggest that MP is "almost" a perfect and the Results section text do not.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- [ ] The same title
- [ ] Duplicate publication
- [ ] Plagiarism
- [Y] No

##### ***BPG Search:***

- [ ] The same title
- [ ] Duplicate publication
- [ ] Plagiarism



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[Y] No



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**Name of journal:** World Journal of Transplantation

**Manuscript NO:** 41208

**Title:** Impact of machine perfusion of the liver on post-transplant biliary complications:  
A systematic review

**Reviewer’s code:** 03291363

**Reviewer’s country:** Australia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-08-01

**Date reviewed:** 2018-08-06

**Review time:** 4 Days

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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

It is a comprehensive progressive review and worthy of consideration but I have some concerns 1. The major question examined using data from multiple studies is the effect of machine perfusion on ischaemia type biliary lesions or non-anastomotic strictures



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after liver transplantation 2. The magnitude of this problem needs more explanation: how big is this problem? Other comparative outcome measures besides incidence should be cited enabling the reader to understand the gravity of the problem 3. The Authors has over interpreted the data that is currently published in my view. There is one randomized controlled trial by Nasralla et al which did not show any difference between normothermic machine perfusion and cold storage for the above two outcome measures in both deceased cardiac death and deceased brain death donation. Yet this hard conclusion is not mentioned in the conclusions. 4. The other studies are small and as such run risks of type 1 and type 2 errors e.g the studies by the Zurich and Groningen have 25 and 30 recipients each. 5. There are multiple variables in the studies: different techniques for machine perfusion, some have oxygenation some do not; the selection for each modality is unclear except for RCT mentioned above. 6. So the interpretation of this data is very difficult. 7. There should be a study design to solve this problem not just “by randomized controls trials”. What is the variable to be tested in the RCT; why select this type of machine perfusion; what is the comparator; how many centres; what are the numbers required 8. Table 1 should have the study design included 9. Overall I recommend a more critical examination of the validity of the studies presented. 10. But the Authors explanation of the basic science underpinning ischaemic type biliary lesions is well written and interesting

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- [ ] Plagiarism
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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Transplantation

**Manuscript NO:** 41208

**Title:** Impact of machine perfusion of the liver on post-transplant biliary complications:  
A systematic review

**Reviewer's code:** 00503243

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-08-01

**Date reviewed:** 2018-08-10

**Review time:** 9 Days

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

**SPECIFIC COMMENTS TO AUTHORS**

This is a very good review over the incidence and relevance of ischemic type biliary lesione (ITBL) in particular in the case of extended criteria donors and donation after circulatory deaths after liver transplantation. The authors discuss the possible causes of



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ITBL and review the impact on these lesions of different machine perfusions. The manuscript is well write, updated and completely describe the state of art of these lesions and of the impact of MP

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Transplantation

**Manuscript NO:** 41208

**Title:** Impact of machine perfusion of the liver on post-transplant biliary complications:  
A systematic review

**Reviewer’s code:** 02397506

**Reviewer’s country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-08-01

**Date reviewed:** 2018-08-13

**Review time:** 12 Days

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 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 checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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**SPECIFIC COMMENTS TO AUTHORS**

The authors present their results of a systematic review focusing on the effect of machine perfusion on the development of biliary complications after liver transplantation. The review is well done and clear; its only limitation is the limited number of RCTs and the



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heterogeneity in types of MP.

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- [Y] No