

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 42331

Title: Low platelet count: Predictor of death and graft loss after liver transplantation

Reviewer's code: 04382473

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-07

Date reviewed: 2018-10-09

Review time: 2 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 type="checkbox"/> Grade B: Minor language | (High priority) | <input type="checkbox"/> Anonymous |
| <input 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 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 type="checkbox"/> General |
| | | | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Excellent article, analysis in future should be extended to other transplanted organs.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:



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7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 42331

Title: Low platelet count: Predictor of death and graft loss after liver transplantation

Reviewer's code: 00504781

Reviewer's country: United Kingdom

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-07

Date reviewed: 2018-10-13

Review time: 6 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
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| | | | Conflicts-of-Interest: |
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SPECIFIC COMMENTS TO AUTHORS

the first paragraph in your discussion should be used as a conclusion in the abstract to make it clear that your findings are not original rather retrospective review of your data to confirm previous reports



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Pleasanton, CA 94588, USA
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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 42331

Title: Low platelet count: Predictor of death and graft loss after liver transplantation

Reviewer's code: 02726701

Reviewer's country: Chile

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-07

Date reviewed: 2018-10-13

Review time: 6 Days

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SPECIFIC COMMENTS TO AUTHORS

Comments on Low platelet count: predictor of death and graft loss after liver transplantation? Introduction Manuscript's aim is clear: To confirm if platelet count (PC) at 5th postoperative day less than 70K/mm³ has prognostic significance for death or graft failure at some postoperative time points. The scientific rationale for authors'

analysis is supported by some clinical observations, but not by a pathophysiologic basis because even those fast recovering patients depict low platelet counts in their pre- and early post transplantation periods. Moreover, the prognostic significance of low PC in the post-operative period could be related not to the platelets themselves, but to a more complicated transplanted patient or an overly harder intra- or early postoperative course.

Material and Methods The methods are clearly described and designed for a broad subsequent statistical analysis. Nevertheless, they omit some physiologic postoperative variables taken in account in the pre- transplantation period such as MELD score components, hemodynamics, surgery duration (as a surrogate for intraoperative complications occurrence), etc. In the statistical section, authors tell us that they choose the best performance post-operative PC using the C-statistic. What in the confidence interval of the day 5 PC C-statistic? Was is statistical significant to be included in the multivariate models? As the author's intention was to validate a post-operative prognostic variable of PC, did other post-operative variable perform as well as PC?

Results It is stated that the lowest PC was on postoperative day 3 and the highest on day 7. Maybe, a better prognostic variable is PC recovery from day 3 to day 5 or 7. If this indeed is significant, it might imply that PC is just a surrogate marker of a not yet apparent clinical condition. It is stated that "In the group with $<70 \times 10^9/L$ PC, the recipients were transplanted at later stages of their disease according to the CTP score ($P = 0.014$) and, although without statistical significance". I did not find the CPT score of neither group. How do authors define: "primary graft dysfunction and delayed graft function"? Were these patients the same that those requiring re-transplantation and those who had higher mortality? As this seems to be the case, once again, it suggests that low post-operative PC is a surrogate marker of one or more not yet apparent complications.

Discussion It is clear and well written. It correctly emphasize that the retrospective nature of the clinical experience precludes to know if low post-operative



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PC correction could modify graft and patient prognosis. It is necessary to add a comment about that low PC could be, in fact, be a surrogate marker of an another condition that jeopardize clinical recovery after liver transplantation and that low PC could not be the problem itself. References: OK Figures: OK Table 1 does not contain CTP scores. Table 2: OK Title, Abstract and Core Tips: OK

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