



**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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**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
<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
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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
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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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**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

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:
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<input checked="" 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 checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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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/mm<sup>3</sup> has prognostic significance for death or graft failure at some postoperative time points. The scientific rationale for authors'



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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 it statistically 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 as 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 emphasizes 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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