

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 47836

Title: Hepatic flow is an intraoperative predictor of early allograft dysfunction in whole-graft deceased donor liver transplantation: an observational cohort study.

Reviewer's code: 02584466

Reviewer's country: United States

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-13 13:47

Reviewer performed review: 2019-05-14 18:39

Review time: 1 Day and 4 Hours

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 type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" 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 checked="" 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 type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This study provides important information that could lead to improvement of a critical complication of hepatic transplantation. The methodology of the study, including the statistical methods, is appropriate. The presentation of the study can be improved. I

have the following suggestions for the authors: A. The last sentence of the Introduction appears to be incomplete. An added sentence stating that this study evaluated the effect of hepatic blood flow immediately after transplantation on the development of EAD and on the 30-day postoperative mortality would inform the readers of this report about the aims of this study. B. Both Table 1 and Table 2 contain the term "UCI time". Is "UCI" "ICU"? If yes, please correct. If not, please add and explain the term UCI in the Abbreviations. C. The subsection "Effects of liver blood flow in the 30-days patient survival" of the Results section states that 8 variables were found to be significantly associated with the 30 day survival by COX regression analysis. Table 3 shows the relevant statistics. Among these 8 variables, 3 including the needs for red cells, platelets and plasma did not achieve statistical significance as shown in Table 3. Please explain or correct this apparent discrepancy. D. Finally, the English of the report needs improvement, especially in the Results and Discussion sections. I will use the first paragraph of the Results as example: (a) "receptor" should be changed to "recipient" in two sentences. (b) The sentence immediately after the first "receptor" is unclear. (c) In the last sentence of the the paragraph, the word "differences" should be inserted between "Significant" and "between".

INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ Duplicate publication
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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 47836

Title: Hepatic flow is an intraoperative predictor of early allograft dysfunction in whole-graft deceased donor liver transplantation: an observational cohort study.

Reviewer's code: 02908399

Reviewer's country: Pakistan

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-10 02:45

Reviewer performed review: 2019-05-17 05:01

Review time: 7 Days and 2 Hours

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 type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input checked="" 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 checked="" 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

Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes 2

Abstract. Does the abstract summarize and reflect the work described in the manuscript?

Yes 4 Background. The authors have detailed EAD well however, significance of

hepatic inflow needs to be further strengthened. No objective is mentioned in the introduction section. 5 Methods. Inclusion of patients requiring urgent transplants and re transplants makes the study group heterogeneous. We know that sicker patients are more likely to develop EAD and so represents a possible bias. The surgical technique of transplantation is primary and re transplants should be elaborated. Did the study include only DBD or DCD donors as well? There is limited description on how the portal and arterial flow was measured. It should be elaborated further. How the flow meter was used. What was the role of doppler. If there was intra operative HAT or PVT, a redo anastomosis was performed and the flow measured again? 6 Results. Also give the range of MELD scores in transplant recipients. HAF was significantly lower in the group with EAD (227.74 ± 134.13 ml/min) when compared to the no-EAD group (279.67 ± 152.87 ml/min). What was the P value? Why a cut off of 180 was used? PVF was significantly lower in the group with EAD (1363.84 ± 602.06 ml/min) when compared to the no-EAD group (1606.73 ± 491.51 ml/min). Give P value and explain why a cut off of 1200 was used. 7 Discussion. How the OLTHOFF criteria could lead to false positives? Explain. The authors mention that if arterial buffer response was present on clamping of portal vein, strategies to reduce portal flow like splenectomy and splenic artery ligation were considered. This would in turn lead to reduction of portal flow under 1300. Whereas authors have shown that $PVF < 1200$ was an independent predictor of EAD. The two statements are contradictory and need clarification. Are the authors suggesting that low arterial flow is more detrimental than low portal flow? If so, it should be shown in results.

INITIAL REVIEW OF THE MANUSCRIPT

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☐ Duplicate publication

☐ Plagiarism

☐ Y] No

BPG Search:

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☐ Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 47836

Title: Hepatic flow is an intraoperative predictor of early allograft dysfunction in whole-graft deceased donor liver transplantation: an observational cohort study.

Reviewer's code: 02944625

Reviewer's country: Germany

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-10 07:15

Reviewer performed review: 2019-05-23 10:55

Review time: 13 Days and 3 Hours

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

SPECIFIC COMMENTS TO AUTHORS

The authors describe an interesting study. The Manuscript is well written. The concept of intraoperatively control of the blood flow in the portal vein and HAT is, at least in the pediatric field, not new, but analyzing outcome based on flow in ml/min is a smart



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approach. I wonder if the authors could add some variables to their analyses, which can have influence on the measured blood flow for example: - Size of spleen in the recipient - Portal flow of the recipient before transplant - Arterial blood pressure of recipient during reperfusion and intraoperative measurement of HAT blood flow - Hematocrit at time of intraoperative blood flow measurement One aspect of the method remained unclear for me. If the intraoperatively measured blood flow was very low, does the surgeon tried to improve the blood flow and if he was successful at this, how was this taken into account for the study analyses. Please add some information about the immunosuppressive protocol for your study patients.

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