



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 47838

**Title:** IMPACT OF RECIPIENT FUNCTIONAL STATUS ON 1-YEAR LIVER TRANSPLANT OUTCOMES-V1

**Reviewer’s code:** 04382473

**Position:** Editorial Board

**Academic degree:** FACP, MD

**Professional title:** Academic Research, Assistant Professor, Doctor, Staff Physician

**Reviewer’s country:** United States

**Author’s country:** United States

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2018-10-01 23:32

**Reviewer performed review:** 2018-10-01 23:37

**Review time:** 1 Hour

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**



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This is a well done study, the results are not surprising and parallel findings of frailty in other patient populations (renal transplant etc.) The reason why the rate of graft failure being higher does not immediately seem obvious, perhaps further post-hoc analyses to look at causes of graft failure (non compliance with immunosuppressive regimen, clotting disorders, sepsis/infection etc.) would be enlightening.

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

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

- The same title
- Duplicate publication
- Plagiarism
- No

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

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**Title:** IMPACT OF RECIPIENT FUNCTIONAL STATUS ON 1-YEAR LIVER TRANSPLANT OUTCOMES-V1

**Reviewer’s code:** 03727922

**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Doctor, Medical Assistant, Postdoc, Professor, Research Assistant Professor, Research Scientist, Staff Physician, Surgeon, Surgical Oncologist

**Reviewer’s country:** Brazil

**Author’s country:** United States

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2018-10-07 17:46

**Reviewer performed review:** 2018-10-07 18:28

**Review time:** 1 Hour

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
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
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This manuscript entitled "Impact of recipient functional status on 1-year liver transplant outcomes" is well done and written study that investigated a large retrospective database about the pre-transplant functional status (KPS-scale) associated with increased risk of mortality and/or graft failure at 1-year post transplantation. Minor suggestions - Separate analysis should be done on excluded cases, because it would reflect the real clinical benefit of this study in daily practice. Should be more clear with the real benefits of this study in clinical practice and describe better all exclusion criteria reasons. Analysis of groups (compare) with higher MELD score, acute liver failure, urgent transplant, hemodialysis and retransplant. Due to the association criteria of morbimortality can be used as a strong point to contraindicate the procedure in some populations and prioritizing the grafts for population that will have better survival. Needs clarification on inclusion and exclusion criteria. Needs improvements on comparison morbimortality risks. Table 2 and 3 - needs clarification p values of all variable and comparisons. Would be interesting to compare and match the donor data? Would they have influence?

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