

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 54353

Title: Transjugular intrahepatic portosystemic shunt for pyrrolizidine alkaloid-related hepatic sinusoidal obstruction syndrome

Reviewer's code: 05038583

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-01-22

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2020-02-21 20:32

Reviewer performed review: 2020-02-21 21:30

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study aimed to elucidate the utility of TIPS placement in pyrrolidine alkaloid-related sinusoidal occlusion syndrome. I was not able to locate previous retrospective study regarding this topics. Therefore, aim of this study is appropriate. Please see specific comments as below. Abstract: Method section stated this is a retrospective study. However, later sentence stated that patients were assigned to TIPS and conservative management group. If this is a retrospective study, how can we assign patient's treatment arm? Results section stated that maximal ascites depth was significantly lower on TIPS group. At our institution, we usually do paracentesis if the patient has ascites and undergoing TIPS. Is this a confounding factor? Last sentence. "time after surgery" should be phrased as "time after TIPS placement" Introduction: One sentence stated that TIPS is not a recommended treatment in current guideline. This appear to be EU based guideline which is likely related to bone marrow transplantation related SOS. Earlier sentences emphasized the differences between PA-HSOS and HSCT-HSOS. Is this an appropriate use of reference? Methods: Methods sections were well written. No concerns here. Results: TIPS group had about the double the number of patients on the conservative treatment group. As methods section stated that those who underwent the conservative treatment refused TIPS placement. I am not sure if this had some selection bias or put this study at risk for potential confounders. My other concern is that much higher mortality on conservative treatment group. Were they too sick to get TIPS, and this made the mortality difference? Discussion: Mortality appears similar to previously published study. This may suggest generalizability of this study. It may not be appropriate to compare overall mortality for HSCT-HSOS to PA-HSOS as overall mortality from HSCT-HSOS may be coming from bone marrow related issues. It would be helpful for the readers to know why the 2 patients in TIPS



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group died. Is this procedure related complication? I can only see one of them. Figure Attached image has low resolution which was hard to interpret. Please provide figure with better resolution for Kaplan-Meier survival curve. Overall comments This is a well written manuscript on the topic which appear to be more common in China. This study may provide importance of TIPS in patients with PA-HSOS. However, future RTC is needed to confirm this findings.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer chosen by: Yu-Qiao Wang

Reviewer accepted review: 2020-04-01 17:45

Reviewer performed review: 2020-04-01 18:11

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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First, this study may provide importance of TIPS placement in patients with for pyrrolidine alkaloid-related hepatic sinusoidal obstruction syndrome (PA-HSOS). Second, this is a retrospective study, so we cannot conclude cause effect model, however this showed promising data on positive benefit of TIPS placement in PA-HSOS. As sinusoidal obstruction syndrome is more common in bone marrow transplant recipient, currently there is limited evidence on PA-HSOS treatment options. Third, as this is a retrospective study, future RTC is needed to confirm this findings as this study has potential bias. Other comments: I see the improvement from the original manuscript, and I appreciate an effort. It is minor, but I think core tip should include design or method of the study as I only see the result. If I only looked at core tip, I do not understand what kind of study was conducted. After correcting this, I think it would be appropriate to accept the manuscript.