

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 76962

Title: Liver Transplantation is Beneficial Regardless of Cirrhosis Stage or Acute-on-Chronic Liver Failure Grade: A Single-Center Experience

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05562744

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Professor, Senior Scientist

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-11 08:11

Reviewer performed review: 2022-05-15 04:21

Review time: 3 Days and 20 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1 Title. Title reflects the objective of the study 2 Abstract. Abstract is written very well and contains all the key data presented in the study 3 Key words. Key words reflect the focus of the study 4 Background. Introduction design is very good. Especially ACLF 2-3 patients are very controversial subject in liver transplantation 5 Methods. The methods section is generally very good. Please add the transplant technique in brief. Information regarding immunosuppression is required (modifications during renal failure and infection should be stated) 6 Results. The results are presented very well 7 Discussion. The organization of the discussion is very good, and the up-to-date references are used regarding the subject 8 Illustrations and tables. Tables are detailed but too much. Revision and reduction inn number may be considered 9 Biostatistics. The article meets the biostatistics requirements 10 Units. The manuscript uses SI units 11 References. The citations are appropriate 12 Quality of manuscript organization and presentation. Generally the quality and organization of the manuscript is very good. 13 Research methods and reporting. Strobe statement has been followed 14 Ethics statements. Ethics statement has been included. The authors should present the registration number of the ethics committee.

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Reviewer's code: 05908713

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-16 06:33

Reviewer performed review: 2022-05-16 07:47

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
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Re-review	<input type="checkbox"/> Yes <input checked="" 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

I read with great interest the article about the results of LT in ACLF patients. It is a very interesting argument. However some major concerns exist about aims, methodology, and results. In the title, I would specify that you only refer to HCC patients. In the abstract, as well as in the article, the aims are not clear. If you want to assess postoperative outcomes and short terms survival, you shouldn't mention long term survival. To compare the long term survival of patients transplanted for HCC, tumoral characteristics are needed (tumor number, characteristics, pathologic results), and a multivariable analysis should be carried out to compare survivals (that maybe could explain the higher survival for stage 2 compared with 1 and 3). Thus the primary outcome must be stated univocally in the methods and treated consequently (in the results 1-yr and 6-ys OS can be presented after a multivariable analysis if you want to compare them), and you can deal with secondary outcomes properly within the abstract and the text. In the introduction, I would not say that the outcomes of LT for ACLF patients are debated, since all last report clearly its effectiveness. Another important problem linked to both results and organ shortage should be mentioned, that is a correct patients selection, in order to not waste organs for too advanced patients. About methodology, as already said, you should clearly state the primary and secondary outcomes, and correct the methodology for survival analysis, by adding tumor characteristics. A flow chart figure should be added to explain the enrollment of patients. The title of second paragraph of the results should be shortened. The results paragraph should be shortened, since less important data are shown in the tables. In the discussion you should try to underline the clinical importance of your study, and



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discuss it considering that LT is the ONLY effective treatment option for ACLF. You should also mention among the limitations the lacking of tumoral characteristics for long term survival analysis.

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Reviewer's code: 05334153

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-11 03:07

Reviewer performed review: 2022-05-24 20:12

Review time: 13 Days and 17 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input type="radio"/> Grade A: Priority publishing <input checked="" type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
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Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> No



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Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Specific comments to authors: Cervantes-Alvarez and co-others in this manuscript report on the value of liver transplantation is regardless of cirrhosis stage or acute-on-chronic liver failure grade. Congratulations upon completing such an important and complex study. The manuscript is properly written and of academic and clinical interest. The authors need to address some more points as follows. - The definition the authors adopted to classify patients into CC and DC needs a reference. - Please mention if the patients had any other pre-transplant comorbidity (e.g. heart disease, DM, HTN, renal disease, ...) and their effect on the outcome. - Did any of your patients experience recurrence of their original disease, especially patients with autoimmune conditions that may have a recurrence risk that can reach up to 30% of the cases? Thanks