

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 78686

**Title:** Transjugular intrahepatic portosystemic shunt versus conservative treatment for recurrent ascites: a propensity score matched comparison

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05933678

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-17 11:21

**Reviewer performed review:** 2022-07-27 02:10

**Review time:** 9 Days and 14 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 Grade E: Do not publish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 checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input checked="" type="radio"/> Accept (High priority) <input type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

Cirrhotic patients with refractory ascites and impaired liver function were generally excluded from TIPS placement due to the fear of increased post-TIPS complication, including HE and ACLF. The current study found that elevated incidence of post-TIPS ACLF did not result in a higher in-hospital mortality. I like the manuscript study in its current form. It is well written and easy to follow. It would be better if the authors analyse and discuss why the positive effect of TIPS on mortality was not found, unlike the previous several RCTs.

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**Peer-review model:** Single blind

**Reviewer's code:** 03668558

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Consultant Physician-Scientist, Doctor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-06 12:17

**Reviewer performed review:** 2022-08-06 14:00

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	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 was an interesting paper on TIPSS placement in high risk patients. The topic is of interest, although not novel. The manuscript has been designed as a single center, retrospective, observational study. the Authors compared patients who underwent TIPSS for ascites with a matched cohort of patients who did not. My comments - there is a debate on the "degree" (or severity) of ascites that should be considered for TIPSS. what was the definition of refractory ascites used before considering TIPSS placement in patients with ascites? Did the Authors strictly follow this definition? Patients in the control group were defined as having "significant ascites". What do these terms mean? Notably, in the abstract section, they used different terms (i.e., recurrent tense ascites) - Table 1: TIPSS group: there are several uncommon values, for instance serum creatinine going up to 700  $\mu\text{mol/l}$ , or haemoglobin of 2 g/dL, or MELD up to 40. This point should be discussed. Was ascites the only (and main) indication for TIPSS placement in such patients? - what was the cause of ACLF? what organ(s) was/were involved? - the fact that many patients already had ACLF before TIPSS placement represents a pitfall of this study in my opinion. Who is the patient that requires TIPSS for refractory ascites during an ACLF? - The Authors said that "TIPS is more capable to overcome an ACLF than causing it". This is a true sentence for instance in patients with acute variceal bleeding causing haemodynamic failure. I do not understand the role of TIPS in patients with ACLF determined by bacterial infection, or when alcohol is the causative factor. - I agree with the Authors when they said that the effectiveness of TIPSS should be measured beyond the hospitalization therefore I think that the endpoint was not so appropriate.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03476715

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-08-16 15:22

**Reviewer performed review:** 2022-08-21 07:14

**Review time:** 4 Days and 15 Hours

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

I consider that this paper included some interesting clinical points. The manuscript is well constructed and written. However, I have some concerns: 1) They described 'Cases of patients who had liver cirrhosis and significant ascites, but did not undergo TIPS placement were selected for comparison (No TIPS group)'. Kindly mention significant ascites is not equivalent to refractory ascites. In addition, they should add how they diagnosed the refractory ascites. 2) Totally 214 patients received TIPS in this retrospectively observational study. Kindly mention how they underwent TIPS procedures, especially the type and size of stents, which were found to be the most commonly reported risk factors of postoperative complications.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04382733

**Position:** Peer Reviewer

**Academic degree:** DO, PhD

**Professional title:** Consultant Physician-Scientist, Doctor, Medical Assistant

**Reviewer's Country/Territory:** Brazil

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-08-16 11:06

**Reviewer performed review:** 2022-08-24 00:37

**Review time:** 7 Days and 13 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 checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input type="radio"/> Accept (High priority) <input type="radio"/> Accept (General priority) <input checked="" type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

I congratulate the authors on their study. It is relevant and of high quality. I believe it should be accepted after some minor modifications, as follows: - the title does not reflect the main subject. Here are some suggestions. "Transjugular intrahepatic portosystemic shunt versus conservative treatment for refractory ascites: a propensity score matching comparison"; "Does Transjugular intrahepatic portosystemic shunt increase ACLF risk? A propensity score matching comparison versus conservative treatment for refractory ascites. - non-significant tendencies are better not mentioned on the abstract results ("The prognosis of ACLF tended to be better in the TIPS group") - introduction, first paragraph, line 4: More recent studies had (reached, shown) more promising results... - introduction, second paragraph, line 2: which kind of bleeding are you referring to? it should be explained



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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04761670

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD, MSc

**Professional title:** Senior Lecturer

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-08-17 12:34

**Reviewer performed review:** 2022-08-29 12:34

**Review time:** 11 Days and 23 Hours

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

I would like to thank the authors for their efforts in collecting evidence about outcomes of TIPS in advanced liver cirrhosis patients. I do agree with them about the limitations of retrospective studies but mortality even in the next 6 months of the procedure could be reached from the databases to potentiate the conclusions.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Peer-review model:** Single blind

**Reviewer's code:** 04382733

**Position:** Peer Reviewer

**Academic degree:** DO, PhD

**Professional title:** Consultant Physician-Scientist, Doctor, Medical Assistant

**Reviewer's Country/Territory:** Brazil

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2022-07-09

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2022-09-17 22:41

**Reviewer performed review:** 2022-09-17 23:13

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Peer-reviewer statements</b>	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 congratulate the authors one more time for their excellent work. There are only some minor corrections to be made. - introduction, first paragraph, page 5, line 3: More recent studies had (reached, shown) more promising results... the correct is have shown (I'm sorry I led you to this mistake in my previous review) There remains one significant problem with the study, which is the conclusion paragraph - page 13, first paragraph (and corresponding 'core tips' conclusion). I include here the analysis for each sentence, separately. 1) "In the presence of moderately to severely impaired liver function recurrent tense ascites may be a dominant symptom." - true, but that was not evaluated in this study. This sentence should be reserved to the discussion section. 2) "TIPS is the most effective therapy for recurrent tense ascites." - again this was not evaluated in this study. This sentence should also be restricted to the discussion section. 3) "According to our data, there is no reason to generally withhold TIPS from patients with severely impaired liver function solely based on strict MELD or Child cut-off values." - I disagree, because your work has found an increased ACLF grade progression



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in patients with Child-Pugh scores >11 when submitted to TIPS placement. It is expected, based on your results, that you should caution against placing TIPS in this subpopulation.