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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 89714

Title: Sarcopenia in cirrhotic patients: Does frailty matter while waiting for a liver

transplant?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07759418 **Position:** Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Full Professor, Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2023-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-24 08:27

Reviewer performed review: 2023-11-25 09:30

Review time: 1 Day and 1 Hour

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [Y] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This letter to the editor highlights the issue of sarcopenia in potential liver transplant recipients. The issue of sarcopenia in liver cirrhosis patients had gained much attention in the last decade. Sarcopenia is part of the factors summing up the functional state/frailty of the patient. There are many "online applications" helping physicians and hepatologists in particular assessing the recipients' pre-transplant frailty like the frailty index of UCSF. Comments: - The abstract is a 3 lines sentence!. This needs to be revised. Authors should state clearly: what was they aiming at in writing this letter?. - The reference to which the author(s) refer in the beginning of their letter as "Yin et al" is not present in the references section. - There should be a distinction between frailty and sarcopenia. The latter is only diagnosed by measuring psoas muscle diameter at the level of L3 in the abdominal CT. Fore the former (i.e. frailty); many tests have been proposed (as mentioned by the authors). - The pre-transplant management of sarcopenia is multidisciplinary. This should be mentioned. Inclusion of a nutrition team in every transplant center is important in the management of these patients pre and post transplant. - The impact of sarcopenia/frailty on living donor transplantation should



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also be mentioned (no list and no priority in LDLT). Transplantation could be postponed to improve sarcopenia and frailty and hence the overall post transplant outcome.