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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 91559

Title: Cellular strategies to induce immune tolerance after liver transplantation: Clinical perspectives

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00069130
Position: Editorial Board
Academic degree: BM BCh, PhD
Professional title: Academic Fellow, Assistant Professor
Reviewer's Country/Territory: India
Author's Country/Territory: China

Manuscript submission date: 2023-12-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-01-05 05:36

Reviewer performed review: 2024-01-12 08:29

Review time: 7 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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

SPECIFIC COMMENTS TO AUTHORS

The manuscript by Zhou et al is a timely review of the recent developments in transplantation immunology, with respect to liver. This is short and informative. 1) ……. and a 5.8-fold higher risk of premature death than the general population. —define premature death 2) The authors need to discuss more on human CAR-Tregs. Othe than HLA-A2, what are the other possible proteins which can be targeted to achieve tolerance? 3) The failure of tolerogenic DC in liver transplantation also needs more explanation. Is it the inability to generate personalized antigen specific tolerogenic DCs is the major challenge? 4) The usefulness of MSCs in transplantation is far from clear. Most studies show that these MSCs die and cause micro embolus. Even if they survive for few days and secrete some small amount of cytokines, will it have any significant effect for a large organ like liver? The evidences are not convincing. Will it have more effect than an extra dose/short low dose course of immunosuppressant? Is it worth the risk and cost? 5) The authors are encouraged to make a table condensing all the relevant studies in this direction. This will help the readers to understand the developments quickly.