

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 28132

Title: Vasopressin use in critically ill cirrhosis patients with catecholamine-resistant septic shock: The CVICU cohort.

Reviewer's code: 03473431

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-06-27 14:21

Date reviewed: 2016-08-04 19:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is well writtenn in all sections:It is a retrospective study,but the authors clearly stated this limitation in the discussion section. No need for changes.

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Name of journal: World Journal of Hepatology

ESPS manuscript NO: 28132

Title: Vasopressin use in critically ill cirrhosis patients with catecholamine-resistant septic shock: The CVICU cohort.

Reviewer's code: 00068668

Reviewer's country: Mexico

Science editor: Yuan Qi

Date sent for review: 2016-06-27 14:21

Date reviewed: 2016-08-15 11:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The topic of the manuscript is interesting and I think that the paper must be published. However, there some concerns about the paper: 1. The comparative group is very heterogeneous regarding the vasopressor used....this must be emphasized 2. Is clear that the patients in AVP group are more severe patients compared with the other group: MELD scores in the AVP group (32.4, 95% CI 28.6-36.2 vs. 27.1, 95% CI 23.6-30.6, $p=0.041$) and glomerular filtration rates were also different between the two groups (23.9 mL/min, 95% CI 18.6-29.2 in the AVP group vs. 40.0 mL/min, 95% CI 29.1-51.0 in the non-AVP group, $p=0.013$). These two differences clearly gives a disadvantages to the AVP group, this must be commented in the discussion section 3. The authors says in the discussion: "After adjusting for multiple confounding factors, we report that AVP is non-inferior when compared to all other vasopressors..." this sentence must be changed and to be very careful with your asseverations. Clearly, this study cannot be considered as a "non-inferiority" study...because of that you cannot use the sentence 4. I cannot see the conclusions

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Name of journal: World Journal of Hepatology

ESPS manuscript NO: 28132

Title: Vasopressin use in critically ill cirrhosis patients with catecholamine-resistant septic shock: The CVICU cohort.

Reviewer's code: 03476715

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2016-06-27 14:21

Date reviewed: 2016-08-16 14:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The Surviving Sepsis Guidelines suggest the vasopressin use could decrease the mortality. But such suggestion is just based on expert opinions, no further evidence was provided. The authors designed such a retrospective study, found that vasopressin is non-inferior to all other vasopressors in terms of 7-day and 28-day mortality and in the absence of significantly more deleterious effects suggest a role for vasopressin use in patients with cirrhosis admitted to the intensive care unit with septic shock, and provided further evidence on for AVP use as a second-line vasopressor in catecholamine resistant septic shock and for attention to vasopressor selection in patients with cirrhosis. Although this retrospective study has many limitations, the author has clearly stated the limitations. However, there are some minor problems the author need to clarify. 1. This research aimed to compare the efficacy of VAP in septic shock, but the author did not give us the data of blood pressure before and after the VAP use. Isn't it much more important than ALT/AST/platelet? And so did the Na level and GFR levels. The authors should add those data in table 2. 2. In multivariable analysis, the author included 9 factors. As we know, events per variable (EPV) is recommended to be between 10-20 in

such statistical analysis. When performing variable selection, these EPV rules are applied to the number of candidate variables considered, not just those in the final model. (Ojeda FM et al, Comparison of Cox Model Methods in A Low-dimensional Setting with Few Events. Genomics Proteomics Bioinformatics 2016). The number of cases of this study were only 45 and the variables in multivariable analysis were 9, the results were not robust. I suggest the authors to reduce the factors in multivariable analysis, for example, include MELD score instead of the INR, Cr or bilirubin separately. 3. The author should give the exact data of p values instead of NS since they said only factors with $p < 0.10$ in the univariate analysis were included in the multivariable model. 4. The baseline level of AST (429 vs 289) in table 1, ALT level (47 vs 206) in table 2, they looked very different. The authors should double check the data to make sure the p values were really not significant. 5. In method section, "Kaplan-Meier survival curves were constructed for 7-day and 28-day survival utilizing the log-rank test to determine statistical significance (log rank < 0.05)". Here the Log rank < 0.05 should be corrected as P value < 0.05 . 6. The authors used the Student-t test, Wilcoxon sign rank test, chi-square test, or Fisher exact test for the univariate comparisons. But since it is a time-to-event data, COX regression is a better choice for univariate comparisons.