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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17319
Title: Intravenous immunoglobulins in liver transplant patients: Perspectives of clinical immune modulation in times of organ scarcity
Reviewer's code: 00054369
Reviewer's country: United States
Science editor: Fang-Fang Ji
Date sent for review: 2015-03-02 14:52
Date reviewed: 2015-03-17 20:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a nice review of the "standard of care" in using antibodies in clinical transplantation. I am not sure what is the reason that you used "....in times of organ scarcity"! These are all standard practices and they do not add any organs to the organ pool. If transplant programs lose patients because of not following these principles they are at fault. I would change the title and remove the last part of it.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17319
Title: Intravenous immunoglobulins in liver transplant patients: Perspectives of clinical immune modulation in times of organ scarcity
Reviewer's code: 03317039
Reviewer's country: China
Science editor: Fang-Fang Ji
Date sent for review: 2015-03-02 14:52
Date reviewed: 2015-03-31 21:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Comments to the Author The paper is overall well written and I suggest the publication. The following are the comments to the Authors. 1. The importance of the research lies in that an increasing number of extended criteria donor (ECD) grafts may aggravate the patients' infectious and immunologic risk. In the worsening organ shortage with all resulting clinical implications, intravenous immunoglobulins (IVIg) should provide favorable immuno-regulatory properties in liver transplant patients.The research is the novelty in that the worsening scarcity of donor organs recently prompted several transplant centers to accept donor livers with pre-existing exposition to HBV. Treatment with HBIg in combination with Lam was demonstrated to significantly lower the risk of viral re-activation and infection. 2. Title is too long, must be concise and to the point, attractive eand distinctive; May the title be changed to "Perspectives of clinical immune modulation of immunoglobulins in liver transplant"? 3. Please list 5-10 key words for each manuscript, selected mainly from Index Medicus, which reflect the content of the study. Had better not exceed 5 keywords. 4. Literature review must be detailed and clear logic. Must be between literature reference and

analysis, there should be a clear logical relationship. 5. The transplant centers in China in the past decades we particularly had been very careful to the HBsAg positive liver donor for HbsAg-negative liver recipients to avoid the risk of medical litigation after liver transplantation. Because application of liver donor with anti-HBc-positive and HbsAg-negative, liver recipients may have the risk of recurrence of hepatitis B infection after liver transplantation. However, at present, in the case of the worsening scarcity of donor liver, to save life of patients with end-stage liver disease such as progressive liver function deterioration or advancing HCC, an increasing number of extended criteria donor (ECD) grafts are currently accepted。Recently several transplant centers have accept donor livers with pre-existing exposition to HBV. Particularly anti-HBc-positive / HbsAg-negative donor grafts were increasingly accepted。At present transplant centers in china have "HBsAg positive donor liver safely applied in patients with end-stage liver disease related to hepatitis B". HBsAg (-) recipients transplanted after lamivudine and HBIg therapy can effectively prevent the risk of recurrence of hepatitis B infection. Best regards