

ESPS Peer-review Report

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Title: TIPS improves liver-transplantation-free survival in cirrhosis with refractory ascites: an updated meta-analysis

Reviewer code: 02541091

Science editor: Zhai, Huan-Huan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Refractory ascites is one of the most serious and dreaded complications in advanced cirrhosis with high mortality rates. Large-volume paracentesis (LVP) is still considered the first-line treatment, although TIPS in certain patients have been shown effective in relieving ascites and hepatorenal syndrome (HRS). Several randomized, controlled trials have been conducted, comparing the effect of LVP vs. TIPS with regards to ascites control, hepatic encephalopathy (HE), HRS and survival. Like-wise, meta-analyses have been conducted. For the meta-analyses as well as the RCTs, results have been conclusive and in favour of TIPS when it comes to ascites control, HRS, but with negative effect on HE. However, the effect on survival has been much debated, since the conclusions have not been pointing in the same direction. In the present meta-analysis, the authors have included 6 RCTs, including one that hasn't been included in the meta-analyses, done so far. Individual patient data haven't been evaluated. The main conclusion of the study is, that TIPS improves liver-transplantation-free (LTF) survival. Secondly, the authors found TIPS to be in alleviate recurrent ascites, HRS, liver-disease-related deaths, whereas TIPS increased the risk of HE. The following comments and suggestions are meant for the authors' consideration. 1. In your study, you claim that it is impossible to collect individual patient data, like in the meta-analysis done by Salerno et al. Why is this impossible, when Salerno et al. managed to do so? 2. The supplementary table 2 is somewhat confusing and needs revision. 3. P-values in table 2?