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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 31219

**Title:** The impact of comorbidity on waiting list and post-transplant outcomes in patients undergoing liver re-transplantation.

**Reviewer's code:** 03253495

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-11-08 08:38

**Date reviewed:** 2016-11-19 05:33

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Very well written paper. I do not have issues to raise.

Thank you for reviewing this article.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 31219

**Title:** The impact of comorbidity on waiting list and post-transplant outcomes in patients undergoing liver re-transplantation.

**Reviewer's code:** 03646816

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-11-08 08:38

**Date reviewed:** 2016-11-23 06:35

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 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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Thank you for reviewing this article. Please find comments to your critique below highlighted in yellow.

Overall good manuscript, to which a few important changes should be made:

0. Please justify the use of patients assessed for LRT, as opposed to listed or actually transplanted, given that your LRT cohort consists of patients transplanted. Data entry is routinely performed prospectively in our centre at the time of transplant assessment so this in our view represents a more robust data.

1. Page 8: definition of DM is repeated. This has been deleted form the revised manuscript. Please see page 8.

2. Page 9: CTP is not written in full before abbreviations. Thank you, added in amended manuscript, page 9.

3. In general, there are too many abbreviations over the entire manuscript. About half of these need to be removed to allow for easier and more fluid reading. We removed a number of abbreviations from the manuscript to improve reading.

4. Table 3: Are these LRT patients only? Please specify in title Yes, added to table title, now table 4.

5. Page 12: Can authors comment on mortality per wait list years or a similar term? This might clarify the relationship between PLT/LRT waiting list mortality. We performed this analysis according to your suggestion. We analysed WL mortality according to year of transplantation from 2000-2007. There was significant variation in WL mortality per year of transplant in PLT patients from 13-42% ( $P < 0.001$ ). However, no significant variation was seen in a similar analysis for LRT patients who had WL mortality of 0-25% ( $p = 0.272$ ). Therefore, this analysis did not provide further explanation to the difference in WL mortality between PLT and LRT.

6. Page 12: Is presence of ascites really included in the multivariate model? Yes, ascites was included in multivariable analysis. There is no multivariate analysis for ascites in Table 2. We did not put the results of variables with p-value of more than 0.05 in the multivariable analysis table. Therefore, this is also true for the following variables: Hb, PLT, bilirubin, encephalopathy and DM. We included the results of INR in the multivariable analysis because the P-value, although non-significant, was close to 0.05.

7. Page 13: Please include the % 5-year survival for recipients of 1 and 2 grafts as well. We added the requested figures. Please see page 13 of the amended manuscript.

8. Page 13: With regards to the timing of LRT, it would be interesting to perform a subgroup analysis on the early LRT patients to assess both cause of re-transplant and comorbidities/MELD scores here. This analysis is now performed. Please see result section page 13 and discussion section page 19.

9. Are long-term and 1-year survival used interchangeably throughout the manuscript? This must be clarified. If not, long-term survival must be defined. No, and sorry to cause the confusion in this regards. What we meant by long-term survival is actually post-transplant survival (unlimited to 12 months or 5-years). Both post-transplant patient and graft survival were clearly defined in the method section. We therefore removed all mention of long-term off the manuscript and replaced it with post-transplant survival. One-year post transplant survival analysis was also performed, the definition of which is now added to the method section page 7.

10. When discussing "post-transplant patient and graft survival" throughout the manuscript, please specify clearly if these are LRT patients. These are for liver retransplant patients. We have added

this phrase as requested. Please see these in section Post transplant outcomes page 13-14.

11. Page 13: "MELD/UKELD scores are not associated with long term patient survival". What about MELD >18? Thank you for highlighting this important point. What is mentioned on page 13 is correct that neither MELD nor UKELD were associated with post-LRT outcome. However, both MELD and UKELD were associated with WL mortality. The conclusion is amended now to reflect the above. Please see page 20 of the amended manuscript.

12. How were the fixed variables in the multivariate models chosen? These were chosen based on the clinical experience of the liver unit transplant team and verified by collinearity diagnostics (variance inflation factor VIF).

13. Discussion: Authors should comment further on the young age of LRT vs. PLT patients. The younger age of LRT patients is consistent with previous reports. Please see amended manuscript page 16.

14. Discussion: Again, please specify what long term post-LRT survival is defined as. Please see our response to your critique number 9 above.

15. Page 16, second paragraph: New data is being presented here that belongs in the results section. These data were presented already in table 1. However, we take your comment on board and we deleted the data figures and referred the reader to (table 1). Please see page 16 of the amended manuscript.

16. Page 17, first paragraph: Please comment on MELD scores as well as UKELD in WL mortality, especially since MELD cutoff at 18 is mentioned in the conclusion paragraph. Thank you. A sentence has been added to this paragraph to reflect the above. Please see last paragraph page 17 of the amended manuscript.

17. Inotrope use: this data is not presented in the results, nor is it in table 3. Inotropes is used as an alternative to vasopressor support which is present in table 3, now table 4 in the amended manuscript. All mention of inotropes are changed to vasopressor support.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 31219

**Title:** The impact of comorbidity on waiting list and post-transplant outcomes in patients undergoing liver re-transplantation.

**Reviewer's code:** 03700164

**Reviewer's country:** Singapore

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-11-08 08:38

**Date reviewed:** 2016-11-24 12:40

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
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<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Thank you for reviewing the manuscript and for your constructive critique. Please find our comments in yellow.

1. The discussion section needs to be more concise. Unfortunately, with the requested additions to analysis and to address certain comments of reviewer 2, it was difficult to accommodate this. However, many changes have been made to improve readability.

2. The abstract can clearly specify the potential unfavourable impact of high CCI scores on survival- instead of "CCI was associated with WL and post-LRT survival". This has been changed. Please see page 21 of the revised manuscript.

3. In the co-morbidities section- The criteria for diagnosing DM has been mentioned twice in the description. This needs to be corrected. To make this section more readable and easy to comprehend, the authors could perhaps display the criteria in tabular form with a reference in the text alluding to



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this table.

This has been deleted. Please see page 8 of amended manuscript.

4. Early LRT patients need to be discussed in more detail and ideally this would benefit from a sub-group/separate analysis. This is because, the co-morbidity issues might have a potentially less severe implication as chronicity is a factor. This is also helpful in eliminating potential bias. This analysis is now performed. Please see result section page 13 and discussion section page 19.

5. There are minor spelling/ grammar issues, which would also need to be addressed. Done