



ESPS PEER-REVIEW REPORT

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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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This paper is summarizing the current status on acquired amyloidosis after receiving a Domino liver from an ATTR Patient. This overview is well written. Minor comments: -The statement on how many patients may be affected (see Abstract and text) is based on current observations. From the clinical point, all patients will acquire ATTR depending on how long they live. The question is only when this will occur. -Bolte et al. (Transpl Int 2013) reported on a series of 61 DLTs in Germany emphasizing the Need for more careful workup of Domino liver transplant recipients. Please, include this paper in your discussion. -Please, also address in your discussion on strategies such as tafamidis/diflunisal or other upcoming drugs, which may be given to Domino liver transplant recipients or should we stop DLT?