

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19430

Title: Liver transplantation for viral hepatitis in 2015

Reviewer's code: 00005208

Reviewer's country: Germany

Science editor: Jing Yu

Date sent for review: 2015-05-11 15:12

Date reviewed: 2015-08-16 17:23

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 checked="" type="checkbox"/> Plagiarism	<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The report of Ferrarese et al. entitled 'Liver transplantation for viral hepatitis in 2015' (ESPS Ms. No. 1934) is a comprehensive review of the management of patients with hepatitis B virus (HBV) or hepatitis C virus (HCV) infection in the context of liver transplantation (LTx). In these patients the major issue clearly is the prevention of HBV or HCV infection of the transplanted liver. While this issue has been largely resolved for patients with chronic HBV infection, it is still a major problem in patients with chronic hepatitis C. With the availability of direct acting antiviral agents (DAAs), however, numerous studies, detailed in the report, demonstrate that antiviral treatment before and/ or after LTx is effective, thereby reducing the risk of chronic hepatitis C after LTx that frequently results in long-term graft failure. In order to add to the substance of the paper, the authors may consider the following points (referral to paragraphs because pages are not numbered):

1. Anti-HBV therapy in HBV decompensated cirrhosis. In this section the authors should point out that the risk of viral resistance to lamivudine closely correlates with the level HBV DNA, i.e., HBeAg positive patients have a high risk and anti-HBe positive patients have a low risk (Lau et al. Long-term therapy of chronic hepatitis B with lamivudine. Hepatology 2000; 32: 828-834).
2. Hepatocellular

carcinoma. Here, the authors should specify that the correlation between the HCC risk and HBV DNA level has been shown to date for patients of Asian origin only (reference 26). Further, the authors should point out that the response to interferon (IFN) is greatly dependent on the ethnic background of the patients: IFN results in HBV elimination in only about 25 % of patients of Caucasian origin and is even less effective in patients of Asian origin. Therefore, IFN of chronic hepatitis B is generally not effective and therefore not recommended for Asian patients. 3. The authors should add a paragraph on 'HDV in Liver Transplantation'. This is of particular interest because the treatment of HDV infection, different from HBV infection, has not really advanced in recent years and is a major clinical problem. At the same time, the prevention of HBV infection of the transplanted liver should also prevent HDV infection. These clinically relevant issues should be -at least briefly- addressed in the review. Minor Points The paper should be carefully reviewed to eliminate spelling errors and to address other editorial aspects. Some examples: Abstract, line 3: ...are among instead of ...are between Core tip, line 2: ...after instead of ...after HBV in Liver Transplantation, line 10: ...HBsAg instead of ...HbsAg HBV in Liver Transplantation, line 13: ...HBc instead of ...Hbc PRE-TRANSPLANT subtitle not meaningful; should be eliminated Discussion, lines 10 and 11: ...whether instead of ...if

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19430

Title: Liver transplantation for viral hepatitis in 2015

Reviewer's code: 02438890

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2015-05-11 15:12

Date reviewed: 2015-08-03 04:41

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
<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

In this manuscript the authors reviewed the available data in the literature concerning the therapy of HBV and HCV before and after liver transplantation to treat end stage liver disease due to viral hepatitis. This is a detailed and up-to-date review but, I think some revisions are required. 1. In the HBV in liver transplantation section it is stated that "Cirrhosis and hepatocellular carcinoma (HCC) occur in about 25-30% of chronically infected patients". This rate seems high to me and may need confirmation. Maybe the authors prefer to say "About 25 % of all chronic HBV carriers can develop serious liver diseases, such as chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma". (World Health Organization (WHO) (2014) Hepatitis B. Fact sheet N°204. Available online at: <http://www.who.int/mediacentre/factsheets/fs204/en/>.) 2. The abbreviations should be explained at the first time that they appear in the text. Eg: TDF, ETV, LAM etc 3. Some typing errors are seen in the text and need correction. Higher (higher), treated (treated), after (after) etc 4. It may be better to say "Conclusion" instead of "Discussion" in the last section. In the discussion section line 5 "in the present study" is not clear. Which study is cited can not be understood clearly. 5. I believe that the review is nice and detailed and the readers may want some take home messages in the conclusion.



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My suggestion is to give some practical messages to the readers in the final section.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19430

Title: Liver transplantation for viral hepatitis in 2015

Reviewer's code: 02444960

Reviewer's country: Spain

Science editor: Jing Yu

Date sent for review: 2015-05-11 15:12

Date reviewed: 2015-08-25 00:05

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
<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

The work entitled "Liver transplantation for viral hepatitis in 2015" reviews the state of the art of this clinical practice in chronic hepatitis B and C patients. The aim of this manuscript is of interest and the data presented in it explored all the possibilities for these patients. I only have minor comments in order to polish the potential World J. Gastroenterology article: 1-A minor language polishing should be performed to improve the quality of the manuscript 2- Some nucleos(t)ides are abbreviated and authors have not used the common one or at least the same abbreviation during the manuscript. I suggest to check and to correct this issue. 3- To unify the format of the title of sections (some times they are wrote in capitals, other times in bold format bur not in italics...).

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19430

Title: Liver transplantation for viral hepatitis in 2015

Reviewer's code: 02861184

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-05-11 15:12

Date reviewed: 2015-08-18 17:18

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"/> 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a very comprehensive paper on the issue of viral hepatitis across liver transplant. Different typing errors occurred which could be revised. Please substitute ETV in many lines instead of EVR (do you mean Entecavir?) The introduction on HBV and liver transplantation could not forget the citation of the Landmark paper by Samuel et al. When you discuss about tenofovir, please depict in more detailed way the safety issue related to renal function and the evidence data (coming mainly from HIV populations) supporting this warning. Chapter "Antiviral treatment in waiting list for liver transplantation (HCV)" 1) please define " RND TND" 2) Most of the studies reported are referred to patients with chronic hepatitis to advanced fibrosis- (COSMOS, ION-1, 2 and 3) which dose not resembles the population in study. Moreover, The Solar-1 study is not extensively reported in safety analysis, which is the matter of debate in the population of waitlisted advanced cirrhotics- Many data on this could be found on the recent SOLAR -2 and the ALLY-1 study which must be reported. Discussion about the delisting issue and the impact on the allocation criteria could add a significant substance to the paper.