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ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 18692

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Reviewer's country: Italy

Science editor: Ya-Juan Ma

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

COMMENTS TO AUTHORS

Nice review. Only few queries: 1 Is there a role for CDT (Carbohydrate Deficient Transferrin) for monitoring alcohol use? This topic should be addressed and discussed in paragraph 5. 2 How should be assembled the addiction team? Which specialists must be present in an ideal addiction team? This topic should be addressed. 3 It is arguable that during the waiting list data from monitoring should not be shared with members of transplant team... 4 At the end, in case of higher risk of relapse who is empowered to decide if the patient earns to be trnplanted or not? The addiction team? The transplant team? Both? In the latter case information about the patient should be necessarily shared... (see point 3)