Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This was a retrospective, single-center study on nutritional status in cirrhotic patients undergoing liver transplantation. The main finding of this study was that the psoas muscle thickness per height (PMTH) was associated with a significantly different outcome after liver transplantation. The Authors collected 313 patients between Jan, 2016 to Dec, 2018 at a single center. First, the CONUT score was calculated for each patient. As stated by the Authors, this score was used for patients with GI cancer. Since it includes albumin and cholesterol, it may reflect not only under/malnutrition, but also the severity of the underlying disease. Indeed, even not statistically significant, the MELD score was higher in the low CONUT group (18 vs. 14). A comment on this point may be valuable. Indeed, several post-operative outcomes (i.e., ICU stay, length of mechanical ventilation) were not different between groups. Moreover, this score needs to be validated in further groups of patients to assess its prognostic role. Inclusion criteria: were only patients with HCC collected? If yes, this should be added in the Title of the manuscript. If not, diagnostic criteria for cirrhosis (and/or portal hypertension) should be added. Similarly, it may be important to specify if patients with acute liver failure were considered. Were these in- or out-patients? Why the Authors decided to rule out "marginal donors"? When the CONUT score was calculated? A comment about the influence of etiology of liver disease (e.g., alcoholic disease, cholestatic disease) may be valuable. Indeed, serum cholesterol may be increased in patients with PBC or PSC, whereas alcohol is associated with worse nutritional status. I appreciate the distinction between male and female patients after assessment of PMTH. Nevertheless, the sample size may be too low to draw robust data. Graft survival is lacking. Patients with high or low PMTH had similar values of total cholesterol, albumin, lymphocytes. Moreover, it has been suggested that measurement of psoas

muscle is useful to diagnose sarcopenia. Finally, PMTH but not CONUT score was associated with worse survival. Only after adding together patients with low PMTH and medium to high CONUT, the Authors demonstrated a difference in survival. Can we assume that sarcopenia was the driver in survival, or that CONUT score was not able to predict the degree of nutrition in cirrhosis? This point should be clarified.   The number of patients included in the last comparison (high CONUT + low PMTH) is too small to draw definite conclusions, in my opinion.   The Authors used PMTH to assess sarcopenia in cirrhosis. Nevertheless, recent studies showed the importance of muscle quality (e.g., myosteatosis) together with the muscle quantification. This point must be added.   A comment about anemia may be of interest. What is the clinical significance of anemia? Shall we consider it a surrogate marker of malnutrition or a marker of portal hypertension? Minor: There are many typos throughout the manuscript. I suggest to carefully check the text Table 1. cholesterol levels and lymphocytes may be checked I suggest to widen the discussion section, citing several papers on liver transplant and sarcopenia which have been recently published.

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SPECIFIC COMMENTS TO AUTHORS

Although the article is interesting as it is a trial to assume a score for assessment of nutritional status of patients undergoing liver transplantation and its relation to morbidity and mortality   after LT but some comments to be considered: 1- As general instructions to the authors must be revised as the submission not coping with the format of the journal 1- The title is somewhat unclear must add (as a predictive value) . 2- The abstract is very long, details of methodology and scoring not mentioned in the abstract while some important items were missed like Clavien-Dindo classification , you classify your patients into 3 group according to CONUT and 2 groups according to PMTH this equal to 5 groups then at the end of methods you classify the patients again   into new 4 groups which not presented neither in the results nor in   the tables. 3- Materials and Methods better called patients or subject and methods.   * There is no need for subtitles in the methods (e.g general information, calculation ---etc)it must be deleted. * The inclusion and exclusion criteria must be after describing that this is a retrospective study recruiting 313 liver transplanted   patients attending ------etc).   * Wha is meant by (0≤CONUT score≤4)??? very bad presentation of the score.the classification into low , medium and high not presented at the end of the CONUT score.   * the table of the scores must submitted in separate items with other tables or as a supplementary materials   * The abbreviations must be completely mentioned at   first time in the text(Abdominal CT, GE Revolution   CT ----)   * this sentence (It has been reported that the PMTH is correlated with the sex and mortality of cirrhosis patients [6]. The ROC curves of males and females were generated according to postoperative patient mortality, and PMTH cutoff values were selected as those that yielded the optimal Youden Index)is unclear it is result or discussion or what?? what is   Youden Index????   * The figures must be in a separate file   * The following sentence is very long without

verb(Perioperative indicators: patient age, sex, body mass index (BMI), preoperative Model for End-Stage Liver Disease (MELD) score, urea nitrogen (BUN), hemoglobin (HB), albumin (ALB), white blood cells (WBC), platelets(PLT), total cholesterol, total lymphocyte count, intraoperative packed red blood cell and frozen plasma transfusion, intraoperative blood loss, anhepatic phase and operation time, postoperative ventilator extubation time, time of ICU stay and hospitalization, and postoperative serum total bilirubin (TBil), aspartate aminotransferase (AST), alanine aminotransferase (ALT), creatinine (Cr) and BUN at postoperative days 7 and 14.) * where grade I and II in Clavien-Dindo classification ??? * All p significance must be italic in the text and tables> * Is your data was parametric or not parametric??? 4- The results must be one section no subtitles and the tables again in a separate file. * in table 2 and 3 data not datas - cryptogenic not criptogenic) * table 2 &3 were very long must be classified into clinical and laboratory *What is d7 Tbil all abbrev. Must be mentioned below the table * According to any classification or reference you classify your patients (Patients who had both a low CONUT score and a high PMTH were defined as the normal nutrition group, while patients who met both a CONUT score≥5 and a low PMTH were defined as the malnutrition group. 44 patients were included in normal nutrition group, and 63 patients were included in the malnutrition group.) How to consider low CONUT and low PMTH as normal although original score consider them low malnourished????????????????????????????? 5-Discussion :very badly written. and does not discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? very bad long sentence at the start of discussion?many spelling and grammatical errors (Three indices not indexes) * when you need to validate new score the study must include test group and another validation group. 6- Conclusion not a separate item must be at the end of discussion and not repeating the section of results again ,it is very confusing and different from the conclusion of the abstract 7- The

references were very deficient and badly cited , where the all authors, where the DOI.WHERE the PMID????

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68611

Title: Value of the controlling nutritional status score and psoas muscle thickness per height in predicting prognosis in liver transplantation

Reviewer's code: 03755068

Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-05-30

Reviewer chosen by: Yun-Xiaojian Wu

Reviewer accepted review: 2021-08-02 05:25

Reviewer performed review: 2021-08-02 05:39

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The Authors fairly answered my previous comments.   No further issues to be explored.