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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9355

Title: "Minimizing tacrolimus" strategy for long-term tactical right after liver transplantation

Reviewer code: 00502871

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-10 13:43

Date reviewed: 2014-02-12 04:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors report on the outcomes of a prospective study of tacrolimus levels and the standard deviation of these values in patients undergoing liver transplantation. The reporting of complication rates at different tacrolimus levels is useful, as is the identification of an optimal level of tacrolimus for maintenance. The manuscript requires careful and extensive rewording for clarity and readability.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9355

Title: "Minimizing tacrolimus" strategy for long-term tactical right after liver transplantation

Reviewer code: 02861333

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-10 13:43

Date reviewed: 2014-02-13 22:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study introduced a novel method to evaluate the low level of TC by the mean and SD of TC. The manuscript need be revised. 1. Redundant manuscript. Thoroughly rewrite the manuscript. For example, "In cox regression, the patient" should be "the patients"? 2. Some opinions still need debate. For example, "The currently recommended target range for tacrolimus concentration in blood after LT is 10 -15 ng/ml during the first 4-6 weeks". In fact, the current recommendation is 6 -10 ng/ml or 8 -12 ng/ml. 3. Some sentences are easily misunderstood. For example, what is meaning "Renal insufficiency was determined by serum creatinine $\geq 130 \mu\text{mol/L}$ for 1 year or more after LT, lasting at least 1 month."? 4. It is not reasonable for that the patients with TC SD < 2 had the worse survival.