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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9154

Title: Risk factors analysis for de novo hepatitis B infection in pediatric living donor liver transplantation

Reviewer code: 00054187

Science editor: Na Ma

Date sent for review: 2014-01-24 14:26

Date reviewed: 2014-03-31 00:13

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	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an excellent manuscript that, despite the small sample size approaches the issue consistently, presents suitable method and obtains results that can aid in clinical practice.

1. Major concern – The major concern is that a multivariate analysis was not performed. Considering the small sample size, this probably will not be possible. However, and for this reason, some statements should be done more cautiously in the text: ? Discussion – third paragraph: “...an anti-HBc-positive allograft was an independent risk factor for de novo HBV infection in the pediatric patients in our center (P = 0.02, Table 1)” – I suggest deleting the term “independent”, as a multivariate analysis was not performed. ? Discussion – last paragraph – “Positive intrahepatic HBV DNA in allografts was predictive of de novo HBV infection after LDLT in children who received anti-HBc-positive allografts” – I suggest adding something like “Apparently” or “our results suggest that.... – again, we do not have a multivariate analysis. ? Discussion – last paragraph – “LAM prophylaxis therapy is essential to prevent de novo HBV infection in pediatric patients from anti-HBc-positive allografts with positive intrahepatic HBV DNA” – this was not evaluated in this study – again, a phrase like “...suggesting that LAM could change this risk...” would be more appropriate.

2. Minor concerns: ? Title: I suggest deleting the term “analysis” from the Title. ? Abstract: I suggest including some important data, as criteria for patients enrollment and outcomes.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9154

Title: Risk factors analysis for de novo hepatitis B infection in pediatric living donor liver transplantation

Reviewer code: 00039387

Science editor: Na Ma

Date sent for review: 2014-01-24 14:26

Date reviewed: 2014-04-17 16:05

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This paper has some potential interest for the readers of the Journal , but the authors need to cite in the reference some recent similar work done in adult counterpart, such as: 134. "Lamivudine Monoprophylaxis for De Novo HBV Infection in HBsAg Negative Recipients of HBcAb Positive Liver Grafts." Giovanni Vizzini , Salvatore Gruttadauria , Riccardo Volpes, Adele D'Antoni, Giada Pietrosi , Daniela Fili , Ioannis Petridis , Duilio Pagano , Fabio Tuzzolino , M. Maria Santonocito , Bruno Gridelli. *Clinical Transplant.* 2011 Jan-Feb;25(1):E77-81 doi: 10.1111/j.1399-0012.2010.01329.x Epub 2010 Oct. 2011 PMID:21039887. and Right hepatic lobe living donation: A 12 years single Italian center experience. Salvatore Gruttadauria, Duilio Pagano, Davide Cintorino, Antonio Arcadipane, Mario Traina, Riccardo Volpes, Angelo Luca, Giovanni Vizzini, Bruno Gridelli, Marco Spada. *World J Gastroenterol* 2013 October 14; 19(38): pag. 6353-6359 ISSN 1007-9327 (print) ISSN 2219-2840 (online) doi:10.3748/wjg.v19.i38.6353 PMID: 24151343



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9154

Title: Risk factors analysis for de novo hepatitis B infection in pediatric living donor liver transplantation

Reviewer code: 00012156

Science editor: Na Ma

Date sent for review: 2014-01-24 14:26

Date reviewed: 2014-04-22 06:47

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

COMMENTS TO AUTHORS

Man Xie, et al. reported their experience of de novo HBV infection after pediatric LDLT. It addresses an important area since transmission of the virus from anti-HBc-positive donors is one of the major concern in LDLT. There are several questions and comments for the authors as follows. Comments: 1.The definition of de novo HBV infection after liver transplantation should be clearly stated in the manuscript in Introduction or Patients and Methods Section. 2.In the Immunosuppression section, do the authors change, or decrease the immunosuppressant if a recipient seems to have high risk of de novo HBV infection? How did they manage ABO-incompatible liver transplant, if it is included in this study? Furthermore, the authors need to describe if they adopted any prophylactic protocol for recipients with grafts from HBc Ab positive donors. 3.In the quantification of intrahepatic HBV DNA, the exact timing and the way of sampling liver tissue needs to be stated. I guess the donor tissue was taken at the time of the donation. I wonder if the biopsy was taken from the recipients when de novo HBV infection was suspected. 4.In the Follow up section, there is no comment about their strategy for the prophylaxis and treatment of do novo HBV infection, such as vaccination, immunoglobulin, or Lamivudine. 5.The authors did not comment much on a case who developed fatal hepatic failure which the authors believe was due to do novo HBV infection. The precise description of the patient's clinical course would be of interest to add to the manuscript, including level of immunosuppressant, perioperative serum HBs Ag titer, quantification results of the graft HBV DNA, any coexistence of other hepatitis, such as HepC, and its treatment, etc. 6.The authors made a large effort to quantify the intrahepatic HBV DNA, but unfortunately the amounts were not



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analyzed as one of the possible risk factor of de novo HBV infection, but only positivity and negativity were considered. Statistical analysis is probably not the best it could be. Logistic regression may be performed using all the possible factors shown as independent variables and de novo HBV infection (yes/no) as dependent variable. I would recommend a statistical consultation. If authors want to discuss about the protective effect of anti-HBs or HBc Ab, their titers needs to be included in the analysis.