

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13150

Title: Hepatitis C virus recurrence after liver transplantation: A 10-year evaluation

Reviewer code: 00012386

Science editor: Ya-Juan Ma

Date sent for review: 2014-08-08 11:39

Date reviewed: 2014-08-13 07:42

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Gitto et al. analyzed HCV recurrence after liver transplantation with a 10-year evaluation. It seems important in this area. 1. In Discussion section, page 11, lines 17-18, Authors should delete "However, it is likely that in many countries.....in the next future".

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13150

Title: Hepatitis C virus recurrence after liver transplantation: A 10-year evaluation

Reviewer code: 00013075

Science editor: Ya-Juan Ma

Date sent for review: 2014-08-08 11:39

Date reviewed: 2014-08-22 21:45

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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Manuscript review-ESPS Manuscript NO: 13150 Gitto et al summarize the experience with HCV recurrence and therapy in patients transplanted for HCV related liver disease in 2 Italian centers. According to their data patients eligible for interferon and ribavirin based antiviral treatment with SVR show better survival than their counterparts without HCV clearance. However, a group of individuals defined as patients with mild recurrence have an even better 10-year survival rate without antiviral intervention. The paper is interesting and has a surprising result. To identify a transplanted patient group who will fare even better without treatment than those with SVR is an important finding and helps to sharpen the discussion about treatment resources with the advent of efficient but expensive DAAs. However the manuscript needs some more attention. Which factors are associated with mild recurrence? How and when can those patients be identified further? Is there an algorithm that the authors could suggest with all the given limitations of this retrospective analysis? One variable may be time since all patients who were too sick to be treated died within the first 12 months. When should antiviral therapy be started? The mean time between transplantation and initiation of antiviral therapy was later for the SVR group compared to the NR group. Which patients should be treated? Is there a positive selection for patients benefitting most? Given the availability of DAAs patients in group E will likely be future candidates for antiviral treatment. What kind of comorbidities etc were contraindications for antiviral treatment? Did the MELD score differ? Did the patients need hemodialysis? Were they more likely to have low platelets? The grouping



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needs to be refined. The 10-year survival is presented as a Kaplan Meyer curve. The authors should also provide information on the mean (median) survival time of the different groups. Is there more information about the donor organs besides age like steatosis, if they met extended criteria etc? If patients with ciclosporin were more likely to achieve SVR, what was the ratio in the mild disease group? Did more of these patients receive tacrolimus? Figures Need attention. They are way too small to be easily read.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13150

Title: Hepatitis C virus recurrence after liver transplantation: A 10-year evaluation

Reviewer code: 00036696

Science editor: Ya-Juan Ma

Date sent for review: 2014-08-08 11:39

Date reviewed: 2014-08-23 04:30

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"/> Existing	<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 checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The present study is a retrospective analysis of a cohort of patients transplanted with hepatitis C, some of which received pegylated interferon and ribavirin. The main finding of the study was that there was no difference in overall survival in treated patients compared with untreated patients, but that SVR patients had a survival rate higher than non-responders. Whilst the latter is expected the authors should discuss the reasons for the finding that untreated patients have similar survival to treated patients- presumably this is due to patients with milder disease not receiving therapy. The manuscript would be enhanced with some further baseline detail of patients in each cohort- some detail of the degree of liver disease, and graft histology would enhance the paper.