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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13442

**Title:** Risk factors for new onset diabetes mellitus after liver transplantation: a systematic review and meta-analysis.

**Reviewer code:** 02976086

**Science editor:** Jing Yu

**Date sent for review:** 2014-08-23 17:13

**Date reviewed:** 2014-09-15 16:28

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

### COMMENTS TO AUTHORS

need to explain the abbreviations used.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13442

**Title:** Risk factors for new onset diabetes mellitus after liver transplantation: a systematic review and meta-analysis.

**Reviewer code:** 00053950

**Science editor:** Jing Yu

**Date sent for review:** 2014-08-23 17:13

**Date reviewed:** 2014-09-02 21:35

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

### COMMENTS TO AUTHORS

The authors have made a systematic review and meta-analysis of risk factors for new onset DM post LT. The focus of the study is very important as in the western world almost 1/3 of patients develop DM postLT. Although there is no novel finding in the study, it is nicely performed and written. The results are in congruence with earlier meta-analyses. Of the risk factors analysed CMV infection could be excluded, because only three articles and 445 patients have been included in the study, and there are several confounding factors. Reactivation of CMV is usually related to the level of immunosuppression or the treatment of rejection. High doses of steroids or high trough levels of tacrolimus may have more influence on NODM than CMV per se. In fact, only association of NODM to primary CMV infection might refer to the causality between these two diseases. Secondly, did the authors find any association between the use of steroids and NODM?

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13442

**Title:** Risk factors for new onset diabetes mellitus after liver transplantation: a systematic review and meta-analysis.

**Reviewer code:** 02943657

**Science editor:** Jing Yu

**Date sent for review:** 2014-08-23 17:13

**Date reviewed:** 2014-09-02 22:31

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

### COMMENTS TO AUTHORS

This manuscript is a systematic review of the risk factors for new onset diabetes mellitus in post-LT patients. It's a well performed meta-analysis but some aspects should be reviewed. 1. It should be interesting to define the term 'CMV infection'. It is not clear if the authors are talking about primoinfection or reactivations are also included. Moreover it will be also important to explain if any positivity in the different test of CMV determinations will be considered positive (antigenemia, real-time PCR). 2. It is well established that CMV replication is usually observed in over immunosuppressed patients. Taking in care that most immunosuppressant drugs (especially corticoids and tacrolimus) strongly influence the onset of DM, the relationship between CMV infection and DM observed in this review, could be biased by higher levels of immunosuppressants. Sentences as "the present meta-analysis confirmed that CMV infection could increase the risk of NOMD" should be changed. Moreover, the number of articles and patients relating CMV and NOMD are not big in this meta-analysis. 3. Authors talk about the relationship between tacrolimus and NOMD, but other immunosuppressants (Corticoids) are not assessed. 4. Other well established risk factors should influence in the onset of DM. Age, race and pre-LT status should be important and are not assessed.