

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15465

**Title:** Sequential versus Simultaneous Revascularization in Patients Undergoing Liver Transplantation: A Meta-Analysis

**Reviewer's code:** 02992564

**Reviewer's country:** Czech Repoublic

**Science editor:** Yuan Qi

**Date sent for review:** 2014-11-27 09:54

**Date reviewed:** 2014-12-14 19:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Well written paper analyzing a hot topic in liver transplantation technique and its outcomes: However, further data should be mentioned in the analysis or in the discussion: 1. rate of patients with hepatic artery thrombosis as an early postoperative complication 2. causes of graft failure with a special focus on ischemic cholangitis 3. rate of retransplantations owing to ischemic graft injury, acute or chronic

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**ESPS manuscript NO:** 15465

**Title:** Sequential versus Simultaneous Revascularization in Patients Undergoing Liver Transplantation: A Meta-Analysis

**Reviewer's code:** 03011351

**Reviewer's country:** Belgium

**Science editor:** Yuan Qi

**Date sent for review:** 2014-11-27 09:54

**Date reviewed:** 2014-11-29 21:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

Interesting meta-analysis, nice work. Suggestion : 1) maybe add a paragraph in the conclusion to discuss the impact of donor factors on ITBLs. 2) Most of the included patient in this study dated before 2006. During the last decade more high risk livers are transplanted, does simultaneous revascularization is also beneficent for this patient group ? or do these liver grafts benefit from sequential revascularisation to reduce warm ischemia time?

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

**ESPS manuscript NO:** 15465

**Title:** Sequential versus Simultaneous Revascularization in Patients Undergoing Liver Transplantation: A Meta-Analysis

**Reviewer's code:** 02943747

**Reviewer's country:** Germany

**Science editor:** Yuan Qi

**Date sent for review:** 2014-11-27 09:54

**Date reviewed:** 2014-12-02 18:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This work is a meta-analysis concerning the aspect of sequential versus simultaneous portal and arterial reperfusion in liver transplantation. The authors performed a structured literature review with finally analysis of six studies including overall 467 patients. Like expected in patients with simultaneous reperfusion a significant longer warm ischemic time was found. In contrast ischemic-type biliary lesion were significant reduced in the group of patients with simultaneous reperfusion. Graft failure and mortality were not different between both groups at one month and one year after liver transplantation. A disadvantage of the work is the short follow-up period of the included studies (RCT Baccarani et al median follow-up of 17/19 month, RCT Adani et al median follow-up 13/14 month) and therefore the analysis of only the short term graft and patient survival and the short term biliary complications. Comparison of sequential and simultaneous reperfusion showed a significant prolonged warm ischemic time in patients with simultaneous reperfusion, this could possibly result in a reduced long-term graft survival or increased late biliary complication.