



ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The paper is overall well written and I suggest the publication. The following are the comments to the authors. 1. The importance of the research lies in that split liver transplantation (SLT) for two adult recipients remains a challenging surgical procedure and outcomes have yet to improve. SLT has been to expand the existing deceased donor liver pool which their application efficiency is one of the best modes. The rates of patients for SLT and graft survival at one, five and ten years in adult recipients of split grafts are equivalent to those of whole organ recipients, which can significantly shorten the time of children and adults waiting for liver transplantation. Now the patients waiting for liver transplantation are the vast majority of adults, more than 90% of the waiting for death are also the adults. Therefore, SLT in two adult recipients must have been a full right of liver and and full left liver. The surgical techniques for recipients of split grafts have requirements of weight. 2. We suggest that the deceased donor liver should use technology from in situ splitting for liver transplantation as far as possible, because the splitting technology significantly shortened the time in situ liver transplantation cold ischemia. The higher request for the surgical techniques, while the longer time probing, the more closely hospitals need to transplant team. 3. It was especially worth recommending



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that the good splitting technology may be to maintain bilateral inferior vena cava for liver drainage. 4. There are higher requirements that the technology for splitting donor liver in the middle hepatic vein(the MHV) to full the right hemiliver (segments V-VIII) and full left hemiliver (segments II-IV) and the implanted surgery technology in which need to adopt iliac vein flap to repaired the splitted the MHV . 5. Under the existing health resources status in our country, it is difficult to achieve the transplant center for SLT to build two liver transplant centers to the same time. Close cooperation among centers with adequate experience in split liver techniques is mandatory and should be encouraged. 6. The domestic and foreign experiences showed that SLT for the two adult recipients was feasible and made the same as the whole liver transplantation clinical curative effect. In our country at present, the high precision technical refinements and the complex liver anatomy for split liver transplantation made the small transplant centers difficult to achieve the standardized mode of splitting technology requirements. It was also difficult to share these complex resources in different liver transplantation centers. 7. We should actively advocate that all donor livers should be taken into account as far as possible pairs aplication of splitting donor liver to alleviate the getting more and more shortage of resources in adult donor liver. Best regards