

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30199

Title: Post transplant lymphoproliferative disorder after liver transplantation: incidence, long term survival and impact of serum tacrolimus level

Reviewer's code: 00504150

Reviewer's country: Canada

Science editor: Yuan Qi

Date sent for review: 2016-09-19 21:27

Date reviewed: 2016-10-12 13:00

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input 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

I have read with interest the manuscript entitled, "Post transplant lymphoproliferative disorder after liver transplantation: incidence, long term survival and impact of serum tacrolimus level". Eshraghian and colleagues performed a retrospective single-center study with a wide recruitment period including 53 liver transplant patients who developed PTLD (40 pediatric and 13 adult cases). The authors evaluated the risk factors affecting post-PTLD survival of patients. They found that EBV negative recipients and multiorgan involvement are the two main risk factors of lower post-PTLD survival. They further found within a pediatric recipient cohort that higher serum tacrolimus level was associated with poor survival after PTLD development. Although the study addresses an important topic, there are some significant caveats concerning lack of important information which may have weakened the significance of the study. (1) The finding that higher serum tacrolimus level was associated with poor post-PTLD survival is interesting, and the authors seem to emphasize this as the title indicates. However, we are not informed as to how the level was evaluated. It is assumed that tacrolimus levels are regularly measured at multiple points during



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the follow-up period in each patient. How the authors picked a value of tacrolimus level in a given patient for statistical analysis? Did the authors take an average? Did the authors consider highest value during the follow-up? It is totally unclear in this regard. (2) It is conceivable that some patients were converted from tacrolimus to another immunosuppressive agent due to tacrolimus toxicity or other reasons. How the authors dealt with such cases? (3) The authors did not provide any information on donor CMV/EBV positivity. This is essential information when it comes to PTLD. (4) The authors should provide information on preemptive virus therapy such as ganciclovir and valganciclovir. (5) The authors briefly talk about rituximab in Introduction section. What type of treatment was performed against PTLD is not mentioned anywhere. This should be included.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30199

Title: Post transplant lymphoproliferative disorder after liver transplantation: incidence, long term survival and impact of serum tacrolimus level

Reviewer's code: 00503243

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-09-19 21:27

Date reviewed: 2016-10-17 16:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> 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

The manuscript faces an important and relevant problem in transplantation outcome. Major weakness is the retrospective nature of the study and the small subjects enrolled. In addition, as the authors found an interrelationship between tacrolimus and PTLT major informations should be given on tacrolimus dosage and the use of other immunosuppressants. Induction therapy should also be mentioned and its interrelationship with PTLT

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 30199

Title: Post transplant lymphoproliferative disorder after liver transplantation: incidence, long term survival and impact of serum tacrolimus level

Reviewer's code: 03576174

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-09-19 21:27

Date reviewed: 2016-10-17 17:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input 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

Major 1. PTLD usually contains both benign and malignant disease. If possible, the author would reveal the type of disease, for example, malignant lymphoma, leukemia, benign adenoidal hypertrophy and so on. 2. You mentioned that 'Shiraz Organ Transplant center is a leading center not only in Iran but also in Middle East with considerable annual cases of liver transplantation for both adult and pediatric patients'. Let me know the breakdown of nationality and race. 3. The levels of Tac 11.1 ng/ml could be too high as a management of chronic phase. Since cut of point value was 11.1 ng/ml, 'around' could be risk factor of PTLD which expression included 'above' and 'over'. 4. Which was most important factors that determine the survival rate, 'multi organ involvement' or 'infectious of EBV before liver transplantation'? In pediatric patients, the most important factor seems to be absence of EBV infection before liver transplantation. Minor 1. Please shows the abbreviation of OKT. 2. All figure: There is no unit in the horizontal axis.