

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67566

**Title:** Chronic rejection after liver transplantation: Opening the Pandora's box

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03253490

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Doctor

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-28 13:34

**Reviewer performed review:** 2021-04-29 05:29

**Review time:** 15 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Baiocchi et al. presented an overview of the current knowledge and research on CR, focusing on early detection, identification of non-invasive biomarkers, immunosuppressive management, re-transplantation and future perspectives of CR in this article. The article has a very fluent language and gives very important information about CT and CR follow up. Thank you for giving opportunity to review this article.

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**Reviewer's code:** 05703005

**Position:** Peer Reviewer

**Academic degree:** MRCP

**Professional title:** Senior Research Fellow

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-27 08:20

**Reviewer performed review:** 2021-04-29 13:51

**Review time:** 2 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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## SPECIFIC COMMENTS TO AUTHORS

This is a well written review covering chronic rejection and would be of interest to the readers of WJG. I have only a few minor comments:- - It would be of interest to expand on the concept of the liver 'being immune-privileged' compared to other organs - Page 4 - presumably the authors mean arterial stenosis and biliary strictures? - Page 5 - clarification of the time periods that the incidences quoted in the last two paragraphs is required - There is continuous referral to inadequate or adequate IS throughout the review - an approach to determine this should be discussed early in the review - There is repetition regarding DSA's throughout the review - one section addressing both class I and II should be sufficient - Page 10 - presumably Untreated HCV is what is meant in regard to lowering immunosuppression? - An approach to immunosuppression post redo transplant for CR plus the use of induction agents such as basiliximab would be of interest

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**Reviewer's code:** 02860506

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-27 12:45

**Reviewer performed review:** 2021-05-14 07:18

**Review time:** 16 Days and 18 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

The author has made a systematic review of chronic rejection (CR) of liver allograft, and comprehensively summarized the current knowledge and research on CR. Overall, the article reviews the current issues that need to be solved in the field of CR of liver transplantation, such as non-invasive predictive tools, personalized management of immunosuppressants, etc. I believe this article will be more useful to readers of WJG. My suggestion for this article is minor revision I have one major comment: In Figure 1, the author summarizes all the risk factors of CR in the first column, but in fact, the risk factors that affect TCMCR and AMCR are not the same. Therefore, it is recommended to separate the risk factors of TCMCR and AMCR in Figure 1, and use arrows to indicate clearly, so as not to mislead readers.