

PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 75363

Title: Use of Doppler Ultrasound to Predict need for Transjugular Intrahepatic Portosystemic shunt (TIPS) revision

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00504581

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Specialist, Attending Doctor, Doctor, Medical Assistant, Staff Physician

Reviewer's Country/Territory: Spain

Author's Country/Territory: United States

Manuscript submission date: 2022-01-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-31 06:58

Reviewer performed review: 2022-02-08 17:49

Review time: 8 Days and 10 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection

Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting paper because it tries to find out if DUS can detect with a good sensibility (is the important test to select patients for a more specific study) TIPS dysfunction, but it is not well explained and presented, needing a lot of more data for supporting their conclusions

INTRODUCTION: 1.- “portosystemic gradient” the acronym is? PSG? **METHODS** 2.- “Baseline TIPS patency at our institution was assessed by performing DUS 2-4 weeks after TIPS placement, 6 and 12 months”. In the written **RESULTS** the authors stated that Indications for TIPS revision were high doppler velocity It seems that they are referring “at revision” those patients finally studied by trans-shunt venography (TSV). Therefore, these facts should be clearly explained **IN THIS SECTION.** 3.- It is compulsory to describe in this section to describe what were the DUS criteria to diagnose or suspect dysfunction of the stent, and that determined to submit the patients “at revision” (TSV) 4.- It is stated in the discussion section that one limitation of this study was “Our study is limited due to its retrospective design and lack of predefined DUS criteria to define TIPS dysfunction”, but the authors here should establish their criteria, but what were they were. velocity ?? (cut off and where was measured) **RESULTS** 5.- PSG 15 .5?? Please define the unit of measurement mmHG 6.- The goal of this paper is to determine “the accuracy of DUS in assessing the need for TIPS revision using clinical and predictive factors”. The way chose to prove it was using accuracy tests such as (sensitivity specificity and so on), but in the **RESULTS SECTION** the authors “stated DUS has a 40% sensitivity, 45% specificity, PPV 78%, and NPV 14% of predicting TIPS stenosis or occlusion requiring intervention .”

Unfortunately, the reviewer is unable to judge and revise the accuracy of these data. We do not know where these data of sensitivity specificity, etc come from. This is something that should be added and explained in this section (table) and this is of outstanding importance in this paper 7.- Moreover, It should be compared the DUS sensibility for stent dysfunction found by the authors, with the sensibility obtained (with the more useful clinical criteria indication for TIPS revision such as bleeding or ascites development). This calculated comparison will give the reader more information to understand the conclusion of the study. However, I can see the importance and interest of multivariant studies, which does not add any important clinical practical value to the study 8.- “Among those undergoing TIPS revision followed a median” Here It should be written the number of patients at revision 39, and the number with no revision 50 , and it is stated “.. 13% underwent a subsequent liver transplant and 26% died for a transplant-free survival of 61 %”. 61% what does it mean. I do not understand it 9.- Which was the cut-off value used for high velocity? 10.- How many patients undergoing tips revision and how many not 11.- It is written 26% died for a transplant-free survival of 61%, what does it mean, can you explain better, please

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Language quality	<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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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

It is not written which method can be better than Doppler ultrasound in TIPS control.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: Spain

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Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This study is very difficult to understand, 1.- 89 patients were chosen 2008-to 2021 because the tips in the follow up were revised "Adult patients from January 2008 to January 2021 who underwent TIPS revision were identified and reviewed". The reader understands That these 89 patients underwent tips revision by radiologic studies (TSV measurements). The reason for the revision was due to DUS abnormalities or clinical reasons. For instance how the authors could compare patients with revision or not revision. For this reason table, 2 is not understandable This contradiction should be explained 2.- "In order to calculate these statistical values, we compared whether or not the DUS was abnormal versus if TIPS revision was performed by radiology" But this is a mistake, it must be compared with TIPS REVISION BY RADIOLOGY WAS NORMAL OR ABNORMAL. If this is not done like this the result of sensitivity, specificity and so on will measure another completely different thing The important thing "is not a prediction of TPS revision" , is the prediction of dysfunction of tips measured by TSV 3.- The authors did not answer this question DUS sensibility for stent dysfunction SHOULD BE COMPARED, with the sensibility obtained (with THE CLINICAL CRITERIA for TIPS revision such as bleeding or ascites . This comparison would give the reader more information in order to understand the conclusion of the study.