



PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 84487

Title: Acute Pancreatitis in Liver Transplant Hospitalizations: Identifying National Trends, Clinical Outcomes and Healthcare Burden in the United States

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05334153

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2023-03-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-22 09:06

Reviewer performed review: 2023-04-01 12:07

Review time: 10 Days and 3 Hours

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| 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 Grade E: Do not publish |
| Novelty of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
| Creativity or innovation of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation |



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| Scientific significance of the conclusion in this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance |
| 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

Specific comments to authors: Dahiya and co-others in this article report on ‘Acute Pancreatitis in Liver Transplant Hospitalizations in the United States’. The manuscript is properly written, and of clinical interest although the authors need to address some points as follows: - To enrich the results the authors need to add some predictor of mortality in liver transplant patients with AP such as: status of immunosuppression, presence of viral infection, presence of obesity, hyperlipidemia, biliary complications, performance of ERCP. - Please add P-value for the trend in the number of liver transplant patients admitted with AP through different years. - You repeatedly mentioned in the introduction, discussion and in the conclusion that “ the development of post-LT pancreatitis may lead to increased risk of graft failure”. This statement was not supported in your results and there was no mention of the association between AP and graft failure. - Regarding table 3 and 4: in the text you reported that you are comparing between liver transplant patients with AP and non-transplant patients with AP. Meanwhile in the tables’ headings you mentioned that the comparison is between liver transplant patients with AP and liver transplant patients without AP. Which one do



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you mean? Thanks



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Reviewer's code: 05562744

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Academic degree: FACS, MD, PhD

Professional title: Professor, Senior Scientist

Reviewer's Country/Territory: Turkey

Author's Country/Territory: United States

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Review time: 6 Days and 1 Hour

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| Scientific quality | <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 |
| Novelty of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty |
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| Conclusion | <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 |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer statements | Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous |
| | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

In brief: The total number of LT hospitalizations with AP increased from 305 in 2007 to 610 in 2019. There was a rising trend of Hispanic (16.5% in 2007 to 21.1% in 2018, p-trend=0.0009) and Asian (4.3% in 2007 to 7.4% in 2019, p-trend=0.0002) LT hospitalizations with AP, while a decline was noted for Blacks (11% in 2007 to 8.3% in 2019, p-trend=0.0004). Furthermore, LT hospitalizations with AP had an increasing comorbidity burden as the Charlson Comorbidity Index (CCI) score ≥ 3 increased from 41.64% in 2007 to 62.30% in 2019 (p-trend<0.0001). We did not find statistically significant trends in inpatient mortality, mean length of stay (LOS), and mean total healthcare charge (THC) for LT hospitalizations with AP despite rising trends of complications such as sepsis, acute kidney failure [AKF], acute respiratory failure [ARF], abdominal abscesses, portal vein thrombosis [PVT], and venous thromboembolism [VTE]. Between 2007–2019, 6,863 LT hospitalizations with AP were compared to 5,649,980 non-LT AP hospitalizations. LT hospitalizations with AP were slightly older (53.5 vs 52.6 years, p=0.017) and had a higher proportion of patients with CCI ≥ 3 (51.5% vs 19.8%, p<0.0001) compared to the non-LT cohort. Additionally, LT hospitalizations



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with AP had a higher proportion of Whites (67.9% vs 64.6%, $p<0.0001$) and Asians (4% vs 2.3%, $p<0.0001$), while the non-LT cohort had a higher proportion of Blacks and Hispanics. Interestingly, LT hospitalizations with AP had lower inpatient mortality (1.37% vs 2.16%, $p=0.0479$) compared to the non-LT cohort despite having a higher mean age, CCI scores, and complications such as AKF, PVT, VTE, and the need for blood transfusion. However, LT hospitalizations with AP had a higher mean THC (\$59,596 vs \$50,466, $p=0.0429$) than the non-LT cohort. The authors have structured the manuscript very well. I have two reservations: 1. Please state the novelty of your results because it does not seem to be different from the literature 2. Please discuss in detail why the outcome of the LT group is better despite unfavorable odds.