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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17919
Title: Utility of liver biopsy in predicting clinical outcomes after percutaneous angioplasty for hepatic venous obstruction in liver transplant patients
Reviewer's code: 02943657
Reviewer's country: Spain
Science editor: Xue-Mei Gong
Date sent for review: 2015-03-30 20:17
Date reviewed: 2015-04-16 23:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

We reviewed the article entitled "Utility of liver biopsy in predicting clinical outcomes after percutaneous angioplasty for hepatic venous obstruction in liver transplant patients". This is an interesting paper that assesses the utility of liver histopathology to predict the outcome of PTA after HVOO in transplant patients. Comments; In the introduction it could be interesting to know the cause of the liver transplant. It could be interesting to know the anticoagulant protocol followed after PTA procedure and stent placement. Due to the different hepatic haemodynamics in patients receiving living donor liver transplantation and whole deceased donors, the histological findings could be different. Despite the number of patients is small, it could be interesting to compare the results between these two groups of patients. Which were your criteria to not perform biopsies to all patients after PTA? Is there any difference in the histological between the transjugular and transhepatic biopsies? It could be interesting to match the histological findings of the biopsy pre-PTA not only with the gradient of pressures, but also with the clinical symptoms and imaging findings.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17919
Title: Utility of liver biopsy in predicting clinical outcomes after percutaneous angioplasty for hepatic venous obstruction in liver transplant patients
Reviewer's code: 02860725
Reviewer's country: Belgium
Science editor: Xue-Mei Gong
Date sent for review: 2015-03-30 20:17
Date reviewed: 2015-04-03 23:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This paper focuses on the interesting topic of the usage of liver biopsies to predict the patient outcome after PTA treatment for HV obstructions in patients who underwent a liver transplant. Below, you can find my remarks/suggestions. - Introduction: it would good to explain PTA shortly in one sentence (i.e. usage of balloon catheter to open up blood vessel) - Methods: As this is a retrospective study, there is no clear protocol that was followed to gather patient data. As a result, available data and followed procedures vary substantially between patients, which should also be mentioned as one of the limitations of this study. Are you confident that these variations do not interfere with your results and conclusions? - Methods: You mention that some patients were treated with living donor LT, while others by deceased donor LT. However, this difference cannot be conducted from the results (e.g. in table 1). Nonetheless, this difference in approach may effect your results, since it is known that LDLT results in different hemodynamics inside the liver compared to DDLT. As a result, it would be interesting to identify and compare results for LDLT patients vs DDLT. - Methods: Please use "pressure difference" or "pressure drop" to be correct, since "pressure

gradient" has a different scientific meaning (for instance a pressure gradient of 5 mmHg/m, but a pressure difference of 5 mmHg) - Results: it would be good to add a summary of the histological findings in the text, rather than only referring to Table 2. Maybe, you could also add a few histological images of different cases? - Discussion section: It is advisable to pay more attention to the limitations of the study, as there is no control population involved, substantial variations between followed procedures and available data for different patients etc. - Please check for typo's: e.g. "imaging findings for outflow obstruction" instead of "imaging findings concerning for outflow obstruction", "(9,16)" instead of "(9.15)", remove "consecutive patients"…

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17919
Title: Utility of liver biopsy in predicting clinical outcomes after percutaneous angioplasty for hepatic venous obstruction in liver transplant patients
Reviewer's code: 00505502
Reviewer's country: Japan
Science editor: Xue-Mei Gong
Date sent for review: 2015-03-30 20:17
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
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[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
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[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors report that liver biopsy performed more than 60 days after treatment may be used to predict long-term clinical outcomes after primary PTA for relieving HVOO after liver transplantation. The following problems need to be addressed before publication: 1. The number of biopsies after PTA was lower than that before PTA. What were the criteria of your decision for or against a biopsy after PTA? 2. Did the patients who underwent post-PTA biopsy show any clinical signs to suspect HVOO? You should discuss whether biopsy is more useful than symptoms for the detection of HVOO. 3. In Table 1, there is a patient missing who had no-HVOO as early biopsy findings and HVOO as late biopsy findings in Table2. You should correct that. 4. Figure1 lists six patients who received 2nd balloon angioplasty, but in "Clinical outcome" the authors wrote "Of the 5 patients …". You should double-check the number of the patients and correct the wrong one. 5. There is a small typo in "Discussion": "While gradients ~ right atrium.." → "right atrium."