ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
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Title: HEPATIC ENCEPHALOPATHY BEFORE AND NEUROLOGICAL COMPLICATIONS AFTER LIVER TRANSPLANTATION HAVE NO IMPACT ON THE EMPLOYMENT STATUS 1 YEAR AFTER TRANSPLANTATION
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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		[ ] Duplicate publication	
[ ] Grade D: Fair	[ ] Grade C: A great deal of language polishing	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor		[Y] No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[Y] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this well-written article, Pflugrad et al explore factors associated with employment after orthotropic liver transplantation, which is essential for quality of life and meaningful transplant outcomes. They found that hepatic encephalopathy before or CNS complications after OLT were not independent predictors of employment, unlike pre-OLT employment, age and post-OLT functional status. Prospective data collection is a strength of this study. Major comments: --Page 10: The authors need to be more specific in their statistical analyses, specifically: (a) how was normality of distribution assessed? (b) how were the regression models built (entry-retention criteria, process, eg. backward or forward conditional, stepwise?). Also, why chi-square and not Fisher's, especially for smaller groups? --After the above clarifications, please provide the full regression models (OR, estimates of fit etc) rather than "multivariate analysis" p-values. --Consider involving someone from the biostatistics department of the affiliated university in analyzing these complex results. --The authors need analyze employed vs. non-employed patients before/after transplant as binary

parameters. I am very interested to know (acknowledging the numbers were small) if there were any significant differences, or 'trends' as the authors call them, between 'discordant' and 'concordant' groups, i.e. patients who lost their employment after OLT compared to those employed pre- and after, and also patients who were not employed before but were employed after OLT, compared to those who remained not employed. --Based on the above and already existent results, perhaps the authors could elaborate a little more on behavioral, medical and social interventions that could be undertaken to optimize engagement in work after OLT and quality of life improvement.   Minor comments: --As a transplant ID doctor, I am curious, was there any information on infection and how did it correlate with studied outcomes? --What were the causes of death after OLT? --Page 8: Why were patients aged >60 excluded? I suspect it likely has to do with age of employment/retirement, but the authors should explain. --Page 12: I would rephrase "the level of significance between the 2 patients groups was missed, however, the trend indicated a higher incidence in not employed patients." as .... was more frequent, but the difference did not reach statistical significance at the 0.05 level. --Also, the authors keep using the term "academics". What does that mean, does it refer to a university degree or employment in the field of academia? I would use a different term accordingly. --In the tables, please include one %, not both (eg. 40% instead of 40/60%). --In Fig. 4 legend, please indicate *P<0.05 instead of 'significant'