

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 32136

**Title:** Risk factors and outcomes associated with alcohol relapse after liver transplantation

**Reviewer's code:** 00504392

**Reviewer's country:** Germany

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-27 21:47

**Date reviewed:** 2017-01-09 17:40

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing                | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input type="checkbox"/> Grade B: Very good       | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                           | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Major revision                |
|   |  | BPG Search:                                    |  |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

ESPS manuscript NO 32136 General Things have changed. In the future, post-hepatitic liver cirrhosis will only rarely give reason for liver transplantation. Alcohol dependence on the other side, as a social phenomenon and a medical problem will rise. Who is a good candidate for liver transplantation ? Suggestions 1. State what the most frequent indication is for liver transplantation .... Give a percentage of alcoholic liver disease as indication for liver transplantation. 2. Probably it might make sense to distinguish between intrinsic (internal) and extrinsic risk factors for recidivism. 3. Make clear, that the 6 month rule will open the chance for improvement of liver function so that transplantation will no longer be needed in a considerable percentage of cases with alcoholic liver disease. Special Is there a difference between noncompliance and nonadherence with regard to liver transplantation ? The SIPAT hat not yet been studies 'exclusively' or separately in liver transplant patients .... ? What is the frequency of occasional slips, abusive and harmful drinking after liver transplantation. This details could be introduced into table 1. 9 jan 2017

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 32136

**Title:** Risk factors and outcomes associated with alcohol relapse after liver transplantation

**Reviewer's code:** 00503243

**Reviewer's country:** Italy

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-27 21:47

**Date reviewed:** 2017-01-11 00:11

| CLASSIFICATION   | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|--|--|--|--|
| <input type="checkbox"/> Grade A: Excellent            | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input checked="" type="checkbox"/> Accept             |
| <input checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C: Good                 | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade D: Rejected                           | <input checked="" type="checkbox"/> Plagiarism | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor                 |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Major revision                |
|  |  | BPG Search:                                    |  |
|  |  | <input type="checkbox"/> The same title        |  |
|  |  | <input type="checkbox"/> Duplicate publication |  |
|  |  | <input type="checkbox"/> Plagiarism            |  |
|  |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

I find this manuscript facing an extremely important issue. The manuscript is well written. I agree with the authors that a limiting issue is the lack of uniformity in definitions. Only one point to be added: what to do with patients with ALD and HCV infection