

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Respiriology

**ESPS manuscript NO:** 16068

**Title:** Mechanical circulatory support in lung transplantation: Cardiopulmonary bypass, extracorporeal life support, and ex-vivo lung perfusion

**Reviewer's code:** 00252373

**Reviewer's country:** United Kingdom

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-12-26 11:45

**Date reviewed:** 2014-12-26 15:59

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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

The authors must be congratulated for writing a very comprehensive review covering surgical aspects of mechanical circulatory support for lung transplantation. In the opinion of this reviewer the quality of the manuscript will be further enhanced if the authors address the following issues. 1. Please change the heading Cardiopulmonary Benefits of Cardiopulmonary Bypass to Advantages of Cardiopulmonary Bypass 2. Please change the heading Cons to Drawbacks of Cardiopulmonary Bypass 3. The section on Inflammatory Response to Cardiopulmonary Bypass must precede the section on Cardiopulmonary Bypass and Early Graft Failure 4. Please provide manufacturer details for the Novalung? System. 5. Please rephrase the sentence "We have spoken before of the critical organ shortage for lung transplantation." As follows: "The issue of critical organ shortage for lung transplantation has already been previously mentioned." 6. Please ensure that references conform to the Journal style.

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**Name of journal:** World Journal of Respiriology

**ESPS manuscript NO:** 16068

**Title:** Mechanical circulatory support in lung transplantation: Cardiopulmonary bypass, extracorporeal life support, and ex-vivo lung perfusion

**Reviewer's code:** 00236910

**Reviewer's country:** Australia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-12-26 11:45

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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 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

Many thanks for the opportunity to review your work. This is an excellent comprehensive review on a topical issue related to lung transplantation. The authors should be congratulated for this piece of work. There are only a few minor comments for the authors to consider: 1. In discussing CPB vs no CPB for lung transplantation, perhaps a lack of adequately powered RCT, though surprising, should be emphasized. We need to know not only PGF but also long-term survival and cost-effectiveness (including costs of all important end-points such as transfusion rate and length of ICU and hospital stay and readmission rates). 2. The role of using ex-vivo devices for donation after cardiac death (DCD) can be discussed. Currently, not too many centres are using lungs from DCD donors but preliminary results from those centers were encouraging, perhaps due to the avoidance of sympathetic storm during the process of brain death. 3. Infection is always an important issue in employing devices that require vascular instrumentation of patients. Perhaps, this issue can be discussed a bit further. What were the reported rates of bacteraemia for those require ECMO as a bridge to transplantation, or those requiring ECMO after transplantation if they have PGF?