

PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 78714

Title: Liver transplantation during COVID-19: Adaptive measures with future significance

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06151472

Position: Peer Reviewer

Academic degree: MD

Professional title: N/A

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2022-07-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-19 15:33

Reviewer performed review: 2022-07-24 18:01

Review time: 5 Days and 2 Hours

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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" 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

I read with interest this narrative review on the impact of COVID-19 pandemic on the transplant setting. The Authors highlighted several points (e.g., the reduction of waitlistings and the increase in mortality when the pandemic peaked; the potentially impactful role of micophenolic acid in transplant recipients who get infected) that have been highly debated among the transplant community. Then they looked at telehealth as a valuable tool for the follow-up of transplant recipient especially in emergency situation as a pandemic. The paper is fluent, well-written, without significant typos. Table 1 is quite informative. I have only some personal comments, that I would like to discuss with the Authors. - I think that telehealth cannot be offered to each transplant recipient, but only to the stable ones. For instance, I would not consider it for adolescent patients, who are at high risk of non-adherence, and subsequently to acute/chronic rejection. - I think that telehealth can be considered as a valuable tool to be used together with (and not as an alternative to) the classic process (e.g., outpatient visit). - I think that GP should be more deeply involved in the care of the liver transplant recipients. - MMF was associated with worse survival after COVID-19 infection, as the Authors showed in this review. I think that this should not be a reason to withdraw MMF to all LT recipients after they get infected, unless a careful discussion with the Transplant Center. - The latest COVID-19 waves carried different outcomes than that of first waves. I think (and I hope) that the impact of COVID-19 on transplant activity will be less strong than in the past.

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Manuscript NO: 78714

Title: Liver transplantation during COVID-19: Adaptive measures with future significance

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03755224

Position: Associate Editor

Academic degree: FACS, FRCS, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Spain

Author's Country/Territory: United States

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Reviewer accepted review: 2022-07-18 10:37

Reviewer performed review: 2022-07-27 09:23

Review time: 8 Days and 22 Hours

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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 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



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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
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SPECIFIC COMMENTS TO AUTHORS

After COVID-19, the field of transplantation in general, and liver transplantation in particular, underwent major changes in listing strategy, immunosuppression and vaccination of recipients (Pfizer's BNT162b2). This retrospective review of the problem experienced by all transplant units highlights the effectiveness of many measures, including the importance of telehealth. The work is well developed and provides a strategic vision for the solution of problems that may happen again in similar circumstances, and we must therefore highlight the agility and efficiency of transplant units around the world in overcoming this health crisis in such a short period of time.