

ESPS Peer-review Report

Name of Journal: World Journal of Transplantation

ESPS Manuscript NO: 6958

Title: Everolimus immunosuppression reduces the serum expression of fibrosis markers in liver transplant recipients

Reviewer code: 00503228

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-08 19:46

Date reviewed: 2013-11-23 00:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

1. The study is not randomized. So, comparing effects of two different agents in patients is highly supposed to be associated with selection bias. 2. What were your criteria for assigning your LT recipients to everolimus or CNI. Authors have provided indications and contraindications for everolimus therapy : "At our center, the use of everolimus in LT recipients is approved in situations such as neurotoxicity ..." This make a profound selection bias! 3. In the methods section, there is a subcategory about switching everolimus to CNI or vice versa! It is quite confusing, while it is a cross-sectional case-control study. At the same category authors say "Anticalcineurins were discontinued more slowly in patients who had been recently transplanted (less than six months)"! Than in results: "Monotherapy with everolimus was achieved in 25 patients (83.3%)." How long was the least time after discontinuation of CNI and before the study? 4. p value should be provided for all the items (in tables) 5. Stratified analyses is interesting, but it does not substitute a multivariate analysis. 6. MMF was more prevalently used in the CNI group. Could it provide a proper explanation for the observed differences? 7. in item "PIINP" the difference between the two groups is substantial, but no p value has been provided (172 vs. 879)

ESPS Peer-review Report

Name of Journal: World Journal of Transplantation

ESPS Manuscript NO: 6958

Title: Everolimus immunosuppression reduces the serum expression of fibrosis markers in liver transplant recipients

Reviewer code: 02446311

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-08 19:46

Date reviewed: 2013-12-03 07:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study aims to evaluate the expression of serum fibrosis markers eg. TGF β , angiopoietin-1, TNF, PDGF et al in LT recipients on everolimus monotherapy compared to patients on an anticalcineurin regimen. By selected 60 patients [age: 59 (49-64)] with 15 months investigation tests. Results indicated LT recipients with everolimus monotherapy, had less serum expression of TGFB y HA than matched patients with anticalcineurins. This is a very interesting translational study. Few comments: 1. TGF-beta should be clarify the types I, II or III. Does the result of TGF in general? 2. Some other key fibrotic factors as the authors mentioned, such as MMPs, should be included. 3. Few mistakes in spelling as well as grammatical issues.