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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 14796

Title: Underestimation of chronic renal dysfunction after liver transplantation: ICEBERG Study

Reviewer's code: 02521150

Reviewer's country: Italy

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-27 16:30

Date reviewed: 2015-01-05 18:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The data provided show that CRD is more prevalent than expected in liver transplants, and that a change from CN Inhibitors to mTOR inhibiting drugs may alleviate the renal damage. Although the eGFR equation is also based on circulating CR, it introduces a correction on the basis of gender and other variables, being thus more reliable. I appreciated the style of presentation of data and the consequent decision-making on drug treatment consequent to CRD assessment.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 14796

Title: Underestimation of chronic renal dysfunction after liver transplantation: ICEBERG Study

Reviewer's code: 00503255

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-27 16:30

Date reviewed: 2015-01-06 14:31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Abstract 1. AIM: "among maintenance liver transplant patients" should be added after "To compare.....glomerular filtration rate (eGFR)" Materials and methods 2. page 6, line2: What is "ICEBERG"? Please spell out full words before you use an abbreviation at first. 3. What variables did you analyze for the predictors of CRD after LT in this study? Please describe in the text.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 14796

Title: Underestimation of chronic renal dysfunction after liver transplantation: ICEBERG Study

Reviewer's code: 00503199

Reviewer's country: Greece

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-27 16:30

Date reviewed: 2015-01-09 06:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The paper suffers from limitations in methodology, especially definition of CRD using a rather high and not justified level of serum creatinine, and a formula for eGFR that has not been validated in this population. More specifically: 1. Spell out ICEBERG Methodology 2. "Chronic renal dysfunction was defined according to sCr based criteria in routine clinical practice (≥ 2 mg/dl)" The cut-off point of 2 mg/dL is not documented. In clinical practice every creatinine measurement above normal for the specific laboratory raises the suspicion of renal dysfunction (or defines it, except in the rare cases of increased muscle mass or increased consumption of proteins and meat or use of drugs that inhibit creatinine excretion). If this persists for more than 3 months we define it as chronic. a. Thus redo the analysis using the reference value of the laboratory. b. In addition method of creatinine measurement was the same for all centers? c. Was it enzymatic or not? Was it traceable to IDMS? 3. MDRD Formula: a. Is it the right formula to estimate GFR in liver transplant patients? Has it been validated in this population? If yes provide the relative reference. b. Why have you used the abbreviated form and not the full one that incorporates albumin and other parameters? 4. Where patients on medications that



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inhibit creatinine excretion (like TMP and others) excluded from the study? 5. "Time since transplantation was also significantly associated with the risk of developing CRD (hazard ratio = 1.95 for transplantations performed prior to 1999 vs. those carried out after that date)".... It is not time since transplantation (in this case you should report months or years since transplantation), but when the transplantation was performed in relation to the specific year 1999, that is associated with risk of CRD. Why have you chosen the year 1999? Is this a specific year that you made any changes in the transplantation policy or something else special?