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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation
ESPS manuscript NO: 19435
Title: Cytomegalovirus reactivation after autologous stem cell transplantation in myeloma and lymphoma patients: a single-center study
Reviewer's code: 00504674
Reviewer's country: South Korea
Science editor: Yue-Li Tian
Date sent for review: 2015-05-09 19:51
Date reviewed: 2015-05-21 16:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In their manuscript entitled "CYTOMEGALOVIRUS REACTIVATION AFTER AUTOLOGOUS STEM CELL TRANSPLANTATION IN MYELOMA AND LYMPHOMA PATIENTS: A SINGLE-CENTER STUDY" Marchesi and his colleagues present a retrospective cohort study of CMV infection in HSCT patients. Congretulations! The authors conducted the outstanding care for CMV infection in HSCT patients. Also, the findings are also interesting. Many statements regarding referenced literature are correct. The manuscript is well-written and clear. Major issues 1. The important issue is the lack of clarity regarding methodology. The author does not describe specific strategies of prophylaxis and preemptive treatment for CMV infection. Although current internal guidelines do not suggests detailed algorhithms stil due to lack of evidences, each center has its own strategy for those prophylaxis and preemptive strategies. Didn't all patient have antiviral CMV prophylaxis? If so, how long did subjects have? According to your data (median onset of CMV reactivation= 33days), it seems that your center does not use prophylaxis. In addition, preemptive strategy must be clear in the manuscript. Do you start iv ganciclovir or just oral valganciclovir? Or do

you just decrease immunsuppressants? How about the cut-off value of CMV viremia to triger antiviral treatment? As far as we know, the cut-off value of triggering CMV preemptive treatment has been established yet. Occasionally it is not practical to start antiviral treatment, when the subject has extremely minimal valude of CMV viremia. If you decrease immunosuppressants to control mild CMV viremia, the likelihood of another complications such as GVHD may be increased and also affect the patient's outcomes. 2. When you monitored study subjects, was risk stratification (CMV mismatch between donor and recipients) included in the study? According to literatures about HSCT and SOT, CMV IgG matching play an important role in predicting CMV reactivation (eg. donor CMV IgG positivity is protective). If your study does not include this, at least you must mention this as a limiation. 3. The next flaw of the study may be about statistics. First, the study period is controversial. your last follow-up day is January 2015, which means the shortes follow-up period of your cohort is just 3-4 months. This is so-called selection bias. Therefore, substantial cases of late-onset CMV infection seems to be excluded. To include late-onset CMV reactivation, the minimum fu period should be at least 1-2 years. In addition, the result of Table 3 is confusing. The ORs are < 1.0, which seems that HBCcIgG and T cell NHL are protective role in predicting CMV reactivation. According to your data, ORs of HBCcIgG and T cell NHL may be 6.9 and 4.2, respectively. Please, clarify this. In summary, please describe prophylaxis and preemptive strategy of your own center. Second, please check if the risk stratification based on CMV IgG matching is needed. Finally, check the possibility of the selection bias and ORs.

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ESPS PEER-REVIEW REPORT

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[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[Y] High priority for publication
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[ ] Grade E: Poor		[Y] No	[ ] Major revision
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		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors analyzed cytomegalovirus infection-related complications after autologous stem cell transplantation in multiple myeloma and several types of lymphoma patients. The manuscript is well-written, and will be even greater by adding a little more background (see "minor comments"). I have no major concerns on this manuscript. Major comments None. Minor comments 1. Page 4, introduction. Because this manuscript has direct clinical impact, it would be nice to include some numbers related to CMV infection-related mortality. For example, "". 2. Page 4, lines 17~19 "…because of the low likelihood of progression…treatment with Fludarabine, Cladribine or Alemtuzumab.". If the authors briefly described why the combination of CD34-selected grafts and these treatment could make patients more susceptible to progression from CMV infection to disease, it would greatly help non-experts. 3. Page 12, line 18 "…a CMV co-infection TROUGH direct interaction…". Isn't it a type of "THROUGH"? Please check. 4. Acknowledgment: Did not authors receive any funding to conduct this research? If yes, they should acknowledge the funding agencies.

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		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In my opinion this is a very well designed and performed study on this subject. It contains also a very useful clinical information. I have no suggestions to include on Congratulations to the authors for your interesting study!