



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23527

Title: Single-lung transplantation in emphysema: Retrospective study analyzing survival and waiting list mortality

Reviewer's code: 02499955

Reviewer's country: Italy

Science editor: Shui Qiu

Date sent for review: 2015-11-30 13:44

Date reviewed: 2015-12-03 02:48

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like Grade A, B, C, D, E, polishing, and misconduct types like Google Search, Duplicate publication, Plagiarism.

COMMENTS TO AUTHORS

This article is interesting and has a good potential; in my opinion some improvements are required. Title: in spite of a general address, a direct connection with study type (retrospective, institutional review) is advisable. Abstact. Row 9: "Perioperative complications were more frequent ..." is redundant. Patients and methods. Page 4: rows 19-21, dates are discordant. Page 5: row 4, If the Authors decided that the single lung transplantation was the best strategy in 2003, were the 33 double lung transplantations performed in the first two years? Results. Data concerning preoperative FEV1, RV, TLC, DLCO, pCO2, 6MWT, preoperative invasive/non-invasive ventilation, ECMO bridge, LAS and number of urgent transplantation should be presented and analyzed in order to obtain a clear pictures of the two groups. Page 7: row 24, p value is omitted. Page 8: row 5, Complications worth a better explanation: time stratification is indicated (i.e. early/late complication). In addition the number of complications should be expanded: i.e. viral infection, cancer in native lung etc.. Discussion:: Page 10: row 10, last 5 years data are not presented. A time stratification will be interesting. Figure 2 &3: A concordance among the figures and text time frame will be advisable.



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**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 23527

**Title:** Single-lung transplantation in emphysema: Retrospective study analyzing survival and waiting list mortality

**Reviewer's code:** 00054120

**Reviewer's country:** United States

**Science editor:** Shui Qiu

**Date sent for review:** 2015-11-30 13:44

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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 checked="" 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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**

Exploring the benefits of single-lung transplantation in emphysema: effects on survival, mortality and waiting list times. This is a retrospective data analysis of lung transplant recipients over 12-years period, although the sample size is not very impressive to reach to such bold conclusion, that SL and DL transplant outcomes are similar, it is still a well-designed study. Apart from being a retrospective study with small sample size, I think it deserves to be published, since there is a valid scientific argument about their conclusion. Few questions I like to ask the investigators: 1- What are the determinants to assign emphysema patients to SL or DL transplantation, and in particular at their center? 2- If the severity of the emphysema is a major determinant in the assignment to certain type of lung transplant, does it make sense that the outcomes for their recipients will be similar? 3-

Same goes for the waiting list mortality, the DL-assigned group will have higher mortality rate than the SL-assigned group due to the severity of the emphysema and probably has nothing to do with the type of assignment?



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### ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 23527

**Title:** Single-lung transplantation in emphysema: Retrospective study analyzing survival and waiting list mortality

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**Reviewer's country:** Italy

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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 checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This is an interesting, although retrospective, study on single vs double lung transplantation in emphysema. The study is important and well conducted. Concerns: a) English style should be improved b) Data on respiratory function should be offered c) Post-operative complications should be better defined and explained