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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23137

Title: Impact of body mass index on outcomes of 48281 patients undergoing first time cadaveric liver transplantation

Reviewer's code: 00051373

Reviewer's country: Taiwan

Science editor: Jin-Xin Kong

Date sent for review: 2015-10-27 17:18

Date reviewed: 2015-12-07 22:22

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

Perfect manuscript writing and let the readers learn a lot.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23137

Title: Impact of body mass index on outcomes of 48281 patients undergoing first time cadaveric liver transplantation

Reviewer's code: 01560464

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2015-10-27 17:18

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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"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] 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"/> [Y] 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"/> [Y] No	

COMMENTS TO AUTHORS

1) The incidence of obesity in the adult population gradually increase in last two decades. Some studies have reported that obese recipients have worse outcomes than normal weight counterparts after liver transplantation(LT), However, some other investigators did not find any significant differences between obese recipients and normal weight recipients. In vision of these conflicting results, The authors reviewed the outcomes of a large cohort of adult patients who underwent LT in the USA with the intent of assessing if abnormal BMI is an independent predicting factor for patients' and grafts' survival after adjusting for clinical and demographic characteristics selected a priori. It is very meaningful study to investigate possible disparities in perioperative morbidity and mortality among different BMI groups and to simulate the impact that these differences might have had on the cohort of patients undergoing LT. 2) The authors focused on whether obesity itself was an independent predictor of poorer outcomes after LT. The large number of data from various transplant centers were tested with univariate and multivariate regression analyses. Impact analysis showed that exclusion of morbidly obese and underweight recipients would not significantly improve the



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overall survival of the entire cohort of patients undergoing LT. The conclusion is very important guidance to select the obese recipients for LT.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23137

Title: Impact of body mass index on outcomes of 48281 patients undergoing first time cadaveric liver transplantation

Reviewer's code: 00054024

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2015-10-27 17:18

Date reviewed: 2015-12-18 03:07

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"/> 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

This is a large retrprospective study to attempt to answer if body mass index affect outcomes of liver transplant patients. The study is well designed, performed, and written. However, the manuscript can be better if it addresses following minor issues. 1) the manuscript is too long and some of texts and tables are repeative. 2)minor language polishing.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23137

Title: Impact of body mass index on outcomes of 48281 patients undergoing first time cadaveric liver transplantation

Reviewer’s code: 00005191

Reviewer’s country: United States

Science editor: Jin-Xin Kong

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<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"/> 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

According to the Authors, this is the largest multicentric retrospective observational study on the impact of BMI in liver transplant recipients (LT). One of its strengths is the fact that its sample size allowed the Authors to adjust the analysis of primary and secondary outcomes for several confounders. In the contest of insufficient number of grafts, this creates a unique ethical dilemma because transplant specialists have to decide whether or not to perform LTs on patients who might have inferior outcomes in comparison to other BMI groups. The alternative is to deny a life-saving procedure based on the utilitarian principle of maximizing results by transplanting only patients who have the best potential outcomes, and to accept the fact that patients who do not receive a LT would have significant shorter lives. Some past studies have reported that obese recipients have worse outcomes than normal weight counterparts after LT. Other studies did not find any significant difference. Therefore, the controversy around the issue whether obesity is an independent predictor of poorer outcomes after LT still remains. The Authors reviewed the outcomes of a large cohort of adult patients who underwent LT in the USA with the intent of assessing if abnormal BMI is an



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independent predicting factor for patients' and grafts' survival after adjusting for clinical and demographic characteristics selected a priori. Secondary outcomes of the study were to investigate possible disparities in perioperative morbidity and mortality among different BMI groups and to simulate the impact that these differences might have had on the cohort of patients undergoing LT. Data were extracted from UNOS Registry. A total of 48,281 transplants met eligibility criteria. The study has several limitations acknowledged by the Authors themselves (its retrospective design, the fact that patients' BMI were not adjusted by the amount of ascites that often affects patients with ESLD, etc.). However, the study's findings are several and all relevant and worth publication. Normal weight patients had the longest median survival while the shortest survival was observed in class III obese recipients and underweight patients. Underweight status and class III obesity remain significant predictors for shorter graft survival in comparison to normal weight recipients after adjusting for both recipients' and donors' characteristics, cold and warm ischemia times and year of transplantation. On the other hand, grafts transplanted in overweight recipients have lower risk of failure with AHR of 0.931 in comparison to normal weight recipients. When compared to normal weight recipients, class III obesity and being underweight was a predictor for 90 days mortality and 1 year mortality while being overweight was protective. The main findings of this study are that class III obesity and underweight status are associated with higher perioperative mortality and inferior patient and graft survival in comparison to normal weight recipients. 5-year survival for class III obese recipients was 71.5% vs. 73.9% for normal weight patients. Although statistically significant, the absolute difference of 2.4% is clinically irrelevant. Consequently, the exclusion of patients from LT based only on their BMI category might be unethical, since 5-year survival of obese and underweight LT recipients is higher than 50% that has been conventionally considered the minimum survival benefit to justify the allocation of liver grafts to patients with ESLD. Underweight and morbidly obese recipients remain the two highest-risk categories. Another main finding of this study is that the proportion of patients who died from malignant diseases was inversely correlated with their BMI. In conclusion, class III obese and underweight recipients had statistically significant higher perioperative morbidity and mortality and inferior patients' and grafts' survival in comparison to normal-weight re