

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24300

**Title:** Ventilator associated pneumonia following liver transplantation: Etiology, risk factors and outcome

**Reviewer's code:** 00504119

**Reviewer's country:** Brazil

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-01-18 19:29

**Date reviewed:** 2016-01-20 01:43

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

Change the reference 5 ; internet communication is unclear Terlipressine as risk factor needs to be clear because the drug is usual medication for hepatorenal syndrome and the patients are coinfectd or had previous infectious, this matter is not clear.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24300

**Title:** Ventilator associated pneumonia following liver transplantation: Etiology, risk factors and outcome

**Reviewer's code:** 02907947

**Reviewer's country:** Italy

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-01-18 19:29

**Date reviewed:** 2016-01-31 02:19

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 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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Siniscalchi et al. performed a study on an very important infectious complication in post-operative OLT setting. The paper is well written and the aim is clear. I have some major and minor comments. Major comments 1. In the definition, the authors state that they have considered only episodes occurred within 48-72 hours post-intubation, but also those occurring whitin 48-72 hours post-extubation should be considered as VAP. Did the authors check for the early post-IOT episodes in the medical charts? 2. The paragraph of statistical analysis should be rewritten. The authors stated two times how they presented continuous variables with two different explanations; while they did not explain which kind of multivariate model was used, with which variables and method 3. In the description of etiology distribution data about antimicrobial susceptibility/resistance are missing 4. Why did the authors use the terlipressin variable instead of its indication? This should be clarified in the methods and assessed in the discussion as a limitation of the study 5. Discussion can be shortened in my opinion, and a paragraph on the limitations of the study (monocentric, low number of pneumonia cases, not inclusion of early post-IOT episodes, missing of some variables i.e. indication

for terlipressin etc) should be added 6. Key message should be rewritten, in the first point “VAP diagnosis follows...can be removed, data about univariate should be presented before those of multivariate, the item on terlipressin use should rephrased 7. Please change the number 5 reference with that of ATS/IDSA guidelines or CDC criteria for nosocomial infections 8. Tables 2 and 4 can be joined, in table 3 please provide meaning and/or reference for donor risk calculation, table 5 can be removed, please specify in the methods and in footnote of the last table which variables were inserted in the multivariate model. Minor comments 1. In the abstract please rephrase “VAP diagnosis follows...” in VAP was diagnosed according with clinical and microbiological criteria 2. Remove logistic after univariate (see major comment) 3. Please specify throughout the paper if the value of MELD score was that on the day of transplantation (median or mean MELD at transplantation) 4. Please provide the meaning for abbreviation CTP 5. Please specify the red cells transfusion refers to the large amount of red cell transfusion throughout the paper 6. Please provide the meaning for the abbreviation TIPS

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24300

**Title:** Ventilator associated pneumonia following liver transplantation: Etiology, risk factors and outcome

**Reviewer's code:** 03012910

**Reviewer's country:** Greece

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-01-18 19:29

**Date reviewed:** 2016-02-03 18:24

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 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<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

As VAP is the main acquired infection in ICU and Orthotopic Liver Transplant (OLT) recipients have high risk for life-threatening nosocomial infections, studies, like yours, which establish the incidence, the risk factors and the outcome of this special subpopulation, have a lot of interesting, as data about the infections in OLT patients is still poor. Perhaps, extra data about the susceptibility testing of isolated microbes (for example if the klebsiella pneumoniae isolates were carbapenem resistant or not) and the administered antimicrobial agents and their appropriateness, may give more information about treatment options of VAP in OLT patients