

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 25684

Title: Underutilization of palliative care services in the liver transplant population

Reviewer's code: 03254239

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2016-03-23 13:45

Date reviewed: 2016-04-13 03:28

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

COMMENTS TO AUTHORS

The authors have presented an interesting study on Underutilization of Palliative Care Services in the patients who don't reach Liver Transplant. The study brings out an important message.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 25684

Title: Underutilization of palliative care services in the liver transplant population

Reviewer's code: 00005191

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2016-03-23 13:45

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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 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 checked="" 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

The paper aims at evaluating current utilization of palliative care services in liver transplant candidates who did not survive to liver transplant. Among patients with decompensated cirrhosis mortality is high as a direct result of complications of end-stage liver disease within five years. Of the 683 patients newly listed for liver transplant in 2013-2014 at a single center, 107 (16%) ultimately died prior to receiving an organ or were delisted for being too sick. Among the aforementioned 107 patients, 17% received a palliative care consult, 89% of which occurred in the inpatient setting. Half the consultations occurred within 3 days of death. In univariable analysis, younger age, white race, MELD at listing, and MELD at delisting were associated with palliative care consultation. In multivariable analysis, only younger age and white race remained associated with palliative care consultation. The Authors therefore conclude that palliative care services are still underutilized in liver transplant candidates, especially in the older, non-white population. The paper does not disclose, but confirms, data and information already published. It is important, though, to reiterate to the clinical community the importance of timely integration of palliative care in transplant decision-making. The manuscript is worth publishing without particular priority but certainly



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without much editing.