

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 28592

Title: Persistent epstein-barr viral load in epstein-barr viral naïve pediatric heart transplant recipients: Risk of late-onset post-transplant lymphoproliferative disease

Reviewer's code: 01206087

Reviewer's country: South Korea

Science editor: Shui Qiu

Date sent for review: 2016-07-12 18:47

Date reviewed: 2016-07-18 16:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[] 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	[Y] No	[] Minor revision
[] Grade E: Poor		BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Although this article is a retrospective study one, It has valuable information about the EBV and lymphoproliferative neoplasm. This article is worth to be published.

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Title: Persistent epstein-barr viral load in epstein-barr viral naïve pediatric heart transplant recipients: Risk of late-onset post-transplant lymphoproliferative disease

Reviewer's code: 00503228

Reviewer's country: Iran

Science editor: Shui Qiu

Date sent for review: 2016-07-12 18:47

Date reviewed: 2016-07-19 15:32

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 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 checked="" 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

Methods: cyclosporine/tac levels, you didn't provided the data in the article, and also what level you mean C0, C2 hours or what? - Because it is suggested that transplant patients who were EBV negative and subsequently develop EBV infection are at higher risk of PTLD, I recommend new categorization accordingly (in addition to the existing ones). - You may give pathological specificities of the PTLDs (poly, mono, ...), CD20 positivity (5 received rituximab and 3 didn't, does it mean 5 were CD20 positive and 3 weren't or what?) and also staging and etc. - The results section is not well arranged. I recommend subsections to it. For example, before you talk about the number(percentage) of the PTLDs, you should not talk about PTLD associations. - I recommend time-dependent (survival) analyses for especially development of PTLD associations (including EBV load, EBV status change, and so forth). - Results "which means patients with younger age had high risk for high EBV during follow up. " The results section is not where you may talk about it - death "due to non cardiac cause" Was the reason of death related to PTLD itself? Please specify what of them was the mortality? (The brain PTLD or who?) - P<0.05 is not accurate, you may give exact p values and preferably OR(95%CI)



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

also - "a larger proportion of patients 72% (23/32) with persistently high EBV load had acute rejections versus 36% (41/113) patients with low or negative EBV load ($p < 0.05$). " With this quotation, the past 2 sentences would become excessive and you may delete them - "Furthermore, there was an increase in frequency of total rejection episodes in patients with persistently high EBV load by 150% (48/32) vs. 72.5% (82/113) in patients with low or negative EBV load ($p < 0.05$)." It is expectable due to reduction in IS. You may give this in the table instead, please only reserve major related findings in the Result's text -

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Title: Persistent epstein-barr viral load in epstein-barr viral naïve pediatric heart transplant recipients: Risk of late-onset post-transplant lymphoproliferative disease

Reviewer's code: 03309557

Reviewer's country: Switzerland

Science editor: Shui Qiu

Date sent for review: 2016-07-12 18:47

Date reviewed: 2016-07-20 19:38

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

In this manuscript, the authors demonstrate an association of EBV load an occurrence of late-onset PTLD. Although there are several weaknesses as the authors point out themselves (e.g. unknown EBV state of donor), the work provides valuable insight that may be of relevance for early diagnosis and treatment of PTLD. The research is methodological well performed, clearly written, and the data is honestly presented. Some points, however, should be addressed to improve the manuscript: Introduction: - EBV should be shortly introduced . this is missing completely Methods: - 1st sentence: "All pediatric HT patients between 1995 and 2003..." does this relate to their birth year or transplantation date? - EBV measurement in blood: was there a DNase treatment performed to distinguish between extracellular and intracellular EBV? Results/Discussion: - Although not significant, a smaller percentage of PTLD was developed by the group that was seronegative pre-HT. This is the opposite of what is expected since seropositive patients have (despite immunosuppression) some level of immunoprotection. Could the authors speculate about the reasons for this observation?