

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28044

**Title:** Time spent in hospital after liver transplantation: Effects of primary liver disease and comorbidity

**Reviewer's code:** 00731695

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-06-28 08:16

**Date reviewed:** 2016-07-08 18:38

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 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		[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 investigated the effect of primary disease and pre-transplant clinical status on post-transplant in-hospital LOS and LLOS after late readmissions. According with authors' observations the main message of the study is that the ability to estimate LOS may be useful to clinicians and hospital to plan resource utilization; in addition it provides information to patient and relatives about the potential time spent in hospital following the transplant procedure. The strength of the work is related to the big number of patients studied, as the records were based on the national clinical database regarding all liver transplanted patients in the UK. Mean hospital LOS, adjusted for various other variables, was calculated, and the primary diseases correlated to both TLOS and LLOS were identified. Reading this paper one may come to a simplified conclusion: the more severe the pretransplant status, the longer the TLOS and LLOS, with importance of some primary diseases such as acute hepatic failure, other (not specified) liver diseases, cardiovascular disease and congestive heart failure. The number of days spent in hospital for a specific underlying disease and the comorbidities are here reported, but not the complication(s) of the specific primary disease.

Weaknesses and limitations of the study (which can variably influence the advocated beneficial implications for clinical practice) the knowledge of the mean time a large recipients population spent in hospital (from 1997 to 2010) after the first procedure, and then following the subsequent readmissions can certainly be useful for economic purposes, and for Health Care Management Administration, however, it may be of limited value on an individual basis, since the complex interactions between the different severity of patient disease and center-specific policy of hospital care may have had (and have) a great influence on TLOS and LLOS. For example, one liver transplanted patient may be readmitted multiple times for the same reason and for a few days, while another patient for the same disease only once and for a long period. Considering the long observational period: has the prevalence of a specific primary disease requiring liver transplant changed over the course of a 13 year study? Has for example the number of acute liver failures or cancers changed during this long observational period? was the number of days spent in hospital in 1997 for the same primary disease similar to that of 2010? Has the management of the same complication (or primary disease) changed over the years? Were the deceased grafts characteristics and Child (MELD) scores of liver candidates similar in the years before 2000 and around 2010? can the specific policy of care of a small volume center be comparable to the policy of a large volume departments? Are the considerations deduced from these old observations still valid and applicable at the present time? Maybe the attention to both an earlier discharge and proper readmission has increased with respect to >15 years ago Data relative to some diseases which now frequently cause a later discharge or relatively frequent readmissions, e.g. severe infectious diseases, or respiratory failure, are missing in the analysis Data from "old practices, potential important intercenters differences in the management, and the incomplete understanding of the real reasons for readmissions, become difficult to compare with the results achieved with improvement in technology and therapeutic innovations of the current era.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28044

**Title:** Time spent in hospital after liver transplantation: Effects of primary liver disease and comorbidity

**Reviewer's code:** 02444986

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

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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 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		[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

Authors analyzed the effect of underling liver diseases and co-morbidities on length of hospitalization at early and late after liver transplantation. My comments: \* From figure1, it can be concluded that patients hospitalized about 20-30 days in both period after transplantation. I think the statistical differences between groups are over emphasized and it has not so much clinical implication. \*Although primary analysis was on patients who survived longer than 2 years, data for shorter survivors was also given. However the analysis of those ones must be separated from long-term survivors so that 2 groups can be compared. \*There are very few literature references (19, 18, 4), but too many repetitions at discussion.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28044

**Title:** Time spent in hospital after liver transplantation: Effects of primary liver disease and comorbidity

**Reviewer's code:** 00503441

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

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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 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		[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

In this manuscript Tovikkai C et al. explored the effect of primary liver disease and comorbidities on time patients spent in hospital immediately after transplantation (TLOS), as well as time spent in later admission up to two years after liver transplantation (LLOS). They found that the time patients spent in hospital varied according to their primary liver disease and some comorbidities. For example, time spent in hospital of patients with cancer was relatively short compared to most other indications. Moreover, cardiovascular disease and congestive cardiac failure were the comorbidities with a strong impact on increased length of stay. The merit of this study is the big number (3772 adults) of transplanted patients from 1997 to 2010 involved since the records were obtained from the national database regarding all liver transplanted patients in the UK. The English language is fluent. However, in addition to the limitations included by the Authors in the discussion of the manuscript, some weaknesses are evident. MAJOR 1. Why do the Authors use a two years cut-off? 2. Liver Disease scoring systems such as Child Pugh and MELD should be used to identify the gravity of clinical conditions before liver transplantation. 3. The Authors should specify which type of cardiovascular



## 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](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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diseases showed impact on transplant LOS. In addition, they should explain why the patients affected by such comorbidities and by congestive cardiac failure were not excluded from liver transplantation program. 4. Since the length of the period involved in the study, too many variables could influence the results. For example the outcome of the management of primary liver disease or complication among different hospitals or in the same hospital during the years could be very different.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28044

**Title:** Time spent in hospital after liver transplantation: Effects of primary liver disease and comorbidity

**Reviewer's code:** 00068723

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

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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 checked="" 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
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		[Y] No	

## COMMENTS TO AUTHORS

This study investigated the time after surgery after liver transplantation. The aim was clear, and methods were appropriate. UK liver transplant database was used. The data on the manuscript seemed reliable. One of the interesting points was that TLOS depended on background diseases of the patients.