

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 36895

Title: In vitro intracellular IFN γ , IL-17 and IL-10 producing T cells correlates with the occurrence of post-transplant opportunistic infection in liver and kidney recipients

Reviewer's code: 02844701

Reviewer's country: India

Science editor: Jin-Xin Kong

Date sent for review: 2017-11-07

Date reviewed: 2017-11-07

Review time: 11 Hours

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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

In this prospective study, intracellular cytokine producing CD4⁺ and CD8⁺ T-cells quantification was carried out for one year after transplantation in 30 liver transplant (LTr) and 31 kidney transplant (KTr) recipients. What is cost benefit analysis ,availability and limitations of such testing

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 36895

Title: In vitro intracellular IFN γ , IL-17 and IL-10 producing T cells correlates with the occurrence of post-transplant opportunistic infection in liver and kidney recipients

Reviewer's code: 03475636

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2017-11-07

Date reviewed: 2017-11-08

Review time: 1 Day

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"/> 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 checked="" type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

I think overall contents and data of this manuscript are acceptable. However, there are a number of mistypes and incorrect grammar that need some attentions including (I have not corrected all of them, thus I suggest the authors find native English user to help):
In abstract: We "hypothesize" that cell-mediated immunity (CMI) monitoring shall provide useful information "on" the basis of management of transplanted patients. "cytokine-producing" CD4+ and CD8+ T-cells
Introduction: Despite the continuous improvement in the clinical management of solid organ transplant recipients (SOTr), "opportunistic infections (OIs)" remain as one of the leading causes of morbidity and mortality in this population. Current immunosuppressive regimens "aim" to prevent allograft acute rejection (AR). "Indeed", the risk of inadequate immunosuppression due to chronic exposure has been claimed as to one of the leading cause to poor long-term



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

outcomes (4,5)“;” hence it must be balanced “to” prevent not only AR but also reducing immunosuppression-related comorbidities, such as OI. There “is” clear “evidence” of activation and differentiation upon pathogen derived-antigens contact inducing naïve T CD4+ (TH0) cells into different functional subsets “characterized” by its cytokine secretion pattern (TH1, TH2, TH9, TH17, Tregs) (15). Furthermore, when stimulated by microbial products through pattern recognition receptors, antigen “presenting” cells (APCs) acquire the capacity to activate naïve T cells and differentiate into effector T cells that mediate adaptive immune responses. “Bordetella pertussis” produce “a significant” amount of IL-23 In addition, there “is evidence” that TH17 “is” also required for host defense against fungal infection (18). The classical established TH1/TH2 “paradigm also describes” the role of these two T lymphocyte subsets in host defense against infections. whereas TH2 secreted IL-10 cytokine “has emerged” as a key immunoregulator during infection with viruses, bacteria, fungi, protozoa, and helminths (20). We “hypothesized”, therefore, that CMI could tag T cell differentiation as in therapeutic targets providing thorough understanding “of” the adaptive immune response against pathogens after SOT. Hence, the aim of this “uni-center” study was to prospective monitor T helper lymphocyte cytokine response against overall OI in cohort of liver and kidney transplant recipients. **Material and Methods**” Cefuroxime (1500mg/iv/8h) was given to all recipients if the patient was “methicillin-resistant” Staphylococcus negative, whereas Teicoplanin (200mg/iv/12h) was given if the patient was “methicillin-resistant” Staphylococcus positive. Oral Nystatin (5cc/8h) was also provided as Candida sp prophylaxis. “Trimethoprim-sulfamethoxazole” (160/800 mg/iv/24h) was given, over six months, as “Pneumocystis jiroveci pneumonia (PJP)” prophylaxis. “valganciclovir” “followed by oral-Valganciclovir” “leflunomide” In case of AR, the rescue therapy provided was “based on” the administration of steroid boluses

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 36895

Title: In vitro intracellular IFN γ , IL-17 and IL-10 producing T cells correlates with the occurrence of post-transplant opportunistic infection in liver and kidney recipients

Reviewer's code: 00504591

Reviewer's country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2017-11-07

Date reviewed: 2017-11-09

Review time: 1 Day

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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

Boix et al analyzed the changes of the number of IFN γ , IL-17 and IL-10 producing T cells during the postoperative period of live and kidney transplantation, They showed that percentage of CD8+CD69+IFN γ + , CD4+CD69+IL-10+ and CD4+CD69+IL-17+ had a correlation with the incidence of oppotunistic ingfection. 1. The data of Table can be shown in a graph. 2. (P7) Where is Figures 3c~f? 3. (P21) What is posttransplant IS?

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 36895

Title: In vitro intracellular IFN γ , IL-17 and IL-10 producing T cells correlates with the occurrence of post-transplant opportunistic infection in liver and kidney recipients

Reviewer's code: 00503228

Reviewer's country: Iran

Science editor: Jin-Xin Kong

Date sent for review: 2017-11-07

Date reviewed: 2017-11-11

Review time: 4 Days

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 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 checked="" 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

- Give precise time at which you tested the immunohistochemistry - Give detailed tests you were using to detect infection as well as physical examinations in each session. - "The primary study outcome was the occurrence of overall OI between the 1st and 6th month post-transplantation" Then why you investigated your patients in the late period (up to 1 year) - "Overall, 60% of LTr and 61% of KTr subsequently developed at least one post-transplant OI event during follow-up period" Follow up: do you mean 1 year? or just 1-6 months - Give a table describing what exact infections were developed in each group. And does these statistics include the peri-transplant infections or for example CMV IgG positivity? - Reanalyse data based on the type of infection if applicable - Do you think giving all those potent antibiotics and antivirals as prophylaxis is right? - "CMV infection was assigned to IgG antibody level 0.6UI/ml. " You should also give

detection details for other viruses (HZV, EBV ...) and so on. - Your study findings should be controlled by multivariable analysis for the average drug level, acute rejections, other comorbidities, other drug history (e.g. interferon therapy for thr LT) and so on.

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 36895

Title: In vitro intracellular IFN γ , IL-17 and IL-10 producing T cells correlates with the occurrence of post-transplant opportunistic infection in liver and kidney recipients

Reviewer's code: 03293797

Reviewer's country: Taiwan

Science editor: Jin-Xin Kong

Date sent for review: 2017-11-07

Date reviewed: 2017-11-16

Review time: 8 Days

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 essay provided valuable clinical insights. But how to optimize this results should be clarified further. Further, whether induction drugs such as antithymoglobulin or anti-IL2 receptor antibody (anti-CD25) were prescribed was not mentioned. It should be provided to clarify issues of overimmunosuppression or antibody-associated immune-reconstitution