



## PEER-REVIEW REPORT

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

**Manuscript NO:** 74772

**Title:** Reduced upper limb lean mass on dual energy X-ray absorptiometry predicts adverse outcomes in male liver transplant recipients

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04015916

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Australia

**Manuscript submission date:** 2022-01-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-06 11:00

**Reviewer performed review:** 2022-02-15 02:38

**Review time:** 8 Days and 15 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The assessment of patients waiting for liver transplantation is one of the challenges of the transplant teams , has many standards in the application, but there are certain limitations. This article evaluates from the perspective of upper limb muscle atrophy and has certain application significance. However, the limitations are more obvious, and it is still not widely used in clinical. I hope to continue to explore in the later clinical work.



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**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04382940

**Position:** Editor-in-Chief

**Academic degree:** FACS, MD, PhD

**Professional title:** Chairman, Full Professor, Professor

**Reviewer's Country/Territory:** Austria

**Author's Country/Territory:** Australia

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-16 06:09

**Reviewer performed review:** 2022-03-09 00:33

**Review time:** 20 Days and 18 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### SPECIFIC COMMENTS TO AUTHORS

#It is known from the literature, that differing definitions of sarcopenia, modalities used for muscle mass assessment, severity of liver disease and inadequate power of some studies to adequately assess mortality are one of the problems, why sarcopenia does not yet have more evidence and why clear recommendations for prioritization or cut-off values for liver transplantation cannot yet be given. Era of transplantation may also be a factor as advancements in peri-operative care and immunosuppressive agents have improved post-transplant survival in the modern era, which is also problematic for generalisations, as you mentioned in the Discussion section. So, my question is, how did you respect “era of transplantation” in your patient cohort? Could you give a short overview about the perioperative standard of care / immunosuppression etc.. Was this the same for the whole cohort? And why didn't you incorporate muscle function, as it is required for the definition of sarcopenie by the European Working Group on Sarcopenia in Older People (EWGSOP), which gained even more importance comparing the 2010 and 2019 diagnostic criteria for sarcopenia? It is known that sarcopenia should not be the sole criterion for listing/non-listing, i.e. muscle mass does not necessarily correlate with muscle strength and functionality with willpower being far more important. #The general demand is to that effect that a common transplant candidate index reflecting sarcopenia/frailty should be established as a standard in all transplant centers to facilitate comparability. Even just quantifying muscle mass is a challenge. The most common method is performance of a standardized CT at the level of LWK 3 and determination of the SMI as a muscle cross section. But there are different limits in the literature, and also different limits for men and women. You propped a relatively rarely



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used method for determining sarcopenia. Have any limits been described in the literature? Are there also known different limits for men and women? #Why was the endpoint rejection (ACR) chosen? Which conclusions should be drawn from this when treating sarcopenic patients?