**Review**

**The following is a summary of the paper’s purpose and findings, to this reviewer’s understanding:**

Caloric intake of ICU patients following organ transplant is not well reported in the literature. This retrospective study gathered data about caloric intake and outcomes such as length of ventilation and length of stay for 78 transplant patients in a single facility from 2017. Energy requirements, predicted using Faisy-Fagon equations, were compared to actual caloric intake. Negative energy balance was noted along with complications and mortality, and a one-way ANOVA test was used to assess differences between recommended and actual caloric intake in the study patients. The authors conclude that a majority of patients in their study were underfed and that this was linked to complications such as increased length of stay and duration of mechanical ventilation.

**Relevance and Importance of Topic**

The paper addresses a topic of interest to the readership of the target journal. Its premise, that the negative energy balance of transplant patients in the ICU affects outcomes such as length of stay and length of ventilation, is supported with data and statistics. It also leads logically to the conclusion that better observation of calorie intake and balance in ICU patients could improve outcomes, especially for transplant patients. The authors identify why there is a gap in the literature by stating that caloric intake in the ICU is not always well monitored.

**Tables and Figures**

The addition of one or more tables and/or figures summarizing the key findings would aid readers in understanding important conclusions. For example, a figure might be included to show the comparison between actual and target caloric intakes from day 1 to day 14 of hospital stay. A table might be added to show mean caloric intakes and outcomes of patients in subgroups of different organ transplants (such as liver or pancreas).

**Title**

The current title suggests that the paper will focus on feeding methods of transplant patients. A possible title improvement would mention the study’s main premise and conclusion, perhaps something like

**The effect of caloric deficit on health outcomes of intensive care patients following organ transplant: A one-year retrospective study**

**References**

Many references used in the review of literature seem outdated. For example, references 4 and 12 are from the 1990s, and many other references are at least a decade old. It might be advisable to update the reference list with more recent sources, if possible, particularly for any sources published earlier than 2010; outdated references can affect a reviewer’s recommendation. (Alternatively, if applicable, the authors might note in the paper that older references are evidence of a lack of current research on the topic.)

**Language and Mechanics**

The paper would benefit from a professional copyedit prior to submission to assist with clarity, grammar, and sentence structure, since such issues can affect a peer reviewer’s recommendation. Some inconsistencies with references were also noted; for example, the author in reference 2 is listed as Wilcox, but the actual article seems to have been written by Cheung. A professional copyeditor can also help with such issues.