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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 36949

Title: Performance of transient elastography in assessing liver fibrosis in patients with AIH-PBC overlap syndrome

Reviewer's code: 036479

Reviewer's country: Spain

Science editor: Ke Chen

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

COMMENTS TO AUTHORS

1) General comments The main aim of the article by Wu HM et al. is to evaluate the use of transient elastography (TE) in assessing liver fibrosis in patients with AIH-PBC overlap syndrome. A total of 70 patients with biopsy-proven AIH-PBC overlap syndrome were included. Receiver-operating characteristic curve was used to calculate the optimal cut-off values of liver stiffness measurement (LSM) for predicting individual fibrosis stages. A comparison on the diagnostic accuracy for severe fibrosis was made between LSM and other serological scores. 2) Main comments This study is interesting because AIH-PBC overlap syndrome is not that frequent and very few studies confirming LSM use in these patients and the optimal cut-off values of LSM for fibrosis stages have been published. 3) Minor comments 1. Abstract: - There is a misspelling in the word "characteristics" in Methods in the abstract. - The acronym



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LSM for liver stiffness measurement should be specified in Keywords. 2. Methods: - It must be specified that it is a retrospective study. - It is important to indicate that the patients had not received treatment for CBP and / or HAI prior to inclusion in the study. - It would be interesting to know if the pathologist knew or not the results of the TE made ("blind" evaluation of the results). - TE has been demonstrated to be unreliable in acute hepatitis or during alanine transaminase (ALT) flares. Probably, some of the patients included in the study have high ALT values since the mean values are 185.6 ± 238.9 (Table 1). It seems that this aspect has not been studied in the paper but at least can be mentioned in the discussion. - In Clinical measurements, GPR should be specified as gamma glutamyl-transferase/platelet ratio (instead of GGT/platelet ratio). - In Statistical analysis, the phrase "The area under ROC curves (AUROC) were performance..." should be replaced by "The area under ROC curves (AUROC) were performed..." 3. Discussion: - In our opinion, there is a recent paper (about HAI and TE) that should be cited in the discussion. It also has a lot of relationship with the previously discussed aspect of the treatment or not prior to the completion of the TE. In addition, the cut-off found for cirrhosis is far superior to that described in this study. The paper recommended is: Hartl J, Denzer U, Ehlken H et al. Transient elastography in autoimmune hepatitis: Timing determines the impact of inflammation and fibrosis. *J Hepatol.* 2016 Oct;65(4):769-75. doi: 10.1016/j.jhep.2016.05.023. Epub 2016 May 26. - We don't agree with the following paragraph of the discussion: "However, in a meta-analysis comprising 22 studies and 4430 patients with different etiologies of liver disease, the estimated LSM cut-off values were 7.71kPa for $F \geq 2$ and 15.08kPa for $F = 4$ [23]. Our findings were consistent with their results, indicating that etiologies of liver disease had no significant effect on LSM assessment." - There are many evidences and numerous papers that indicate that different cut-off values should be used according to the etiology of liver disease. - Moreover, if the phrase "..., indicating that etiologies of liver disease had no significant effect on LSM assessment" was true, it would not be necessary to study the overlap syndrome cut-off values, precisely the aim of this paper. - We would like to point out that another limitation of the study is that there is no validation cohort of the results. - The phrase "The major reason was probably that AIH-PBC overlap syndrome patients had a poor treatment response..." should be replaced by "The major reason was probably that AIH-PBC overlap syndrome patients had a poor treatment response..." - It is not necessary to specify what GPR means in this paragraph because it is said before in the paper.