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

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 41353

Title: Impact of sepsis and non-communicable diseases on prognostic models to predict the outcome of hospitalized chronic liver disease patients

Reviewer's code: 00000663

Reviewer's country: Italy

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-06

Date reviewed: 2018-08-10

Review time: 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[Y] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The study addresses the relevant issue of factors associated with outcome in patients with chronic liver disease. Several variables were retrospectively identified in a large database, including all patients with cirrhosis admitted to hospital for "decompensation".

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

Sepsis and acute kidney failure were identified as the most relevant acute factors. Adding these variables to MELD increased prediction of mortality (sepsis) and morbidity (CKD). The predictive value of NCDs was low, and only CKD remained in the analysis of morbidity Problems 1. As in any association study, the predictive value of factors depends on the case mix and the selected items. In this case, it is mandatory to clarify the nature of the "decompensation" term. As an example, it is very difficult to imagine that GI bleeding was neither associated with morbidity nor with mortality. How many cases of GI bleeding were in the system? Was GI bleeding included as putative variable, or only hemoglobin at admission was considered? This might explain why GI Bleeding was not a relevant factor. 2. In this case, the authors should explain why they included AKI defined by a formula which is reasonable, but might be changed, and did not consider a very important morbidity as GI bleeding as a whole. 3. The finding that NCDs were not associated with mortality is not surprising. In the short-term – and 6 weeks are definitely a short term in the case of a chronic disease – no surprise that diabetes, hypertension (a rare event in cirrhosis), COPD did not affect mortality. Indeed, the only one which was more or less significant was NSTEMI. 4. Also the definition of morbidity as prolonged hospital stay (>5 days) or readmission within 7 days may be criticized. It depends largely by the operational characteristics of the Pakistani health system, and cannot be extrapolated to other Countries.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

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

BPG Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

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

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 41353

Title: Impact of sepsis and non-communicable diseases on prognostic models to predict the outcome of hospitalized chronic liver disease patients

Reviewer's code: 02546652

Reviewer's country: Italy

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-06

Date reviewed: 2018-08-13

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [Y] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The paper is interesting but needs some revision 1. Abstract: please provide the full terminology for the acronym MELD 2. Methods: probably there other comorbidities registered in the study but not cited in point D (variables analyzed) included in the

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

Charlson index (e.g. peripheral arterial disease, etc.). Was the Charlson index modified to account for all subjects being affected by severe CLD? 3. Primary outcome: mortality and repeated admission represent competing risks; author could consider to include a combined outcome of mortality/morbidity 4. Results: authors state that the presence of NCDs was related to STEMI; was some specific NCD associated to the presence of sepsis (possibly diabetes, etc.) or to the risk of AKI (e.g. chronic renal disease)? 5. Figure 1: risk factors for mortality are represented hierarchically: is there a rationale for this choice? 6. Table 1: in the etiology of CLD, is "Non-B, Non-C" standing for unknown etiology? 7. Table 4: please provide in column headings number of subjects (NCDs Yes / NCDs No). Is the p-value obtained by the Fisher exact test (due to low numbers for NSTEMI)?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

BPG Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No