



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 42713

Title: Temporal Trends of Hospitalization and Financial Impact Associated with Complications of Cirrhosis

Reviewer's code: 02860590

Reviewer's country: Brazil

Science editor: Ying Dou

Date sent for review: 2018-10-15

Date reviewed: 2018-10-25

Review time: 10 Days

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 Grade E: Do not publish	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

SPECIFIC COMMENTS TO AUTHORS

Article: Temporal Trends of Hospitalization and Financial Impact Associated with Complications of Cirrhosis My specific queries and comments are below: Title: The title is long. Could the authors reduce the title and focus on an accurate reflection of the



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contents of the manuscript. The major limitation of this study consists in considering transjugular intrahepatic portosystemic shunt or TIPS as a complication of cirrhosis. In fact, “transjugular intrahepatic portosystemic shunt (TIPS) is the percutaneous creation of a conduit from the hepatic vein to the portal vein that is used to manage consequences of portal venous hypertension (i.e., variceal hemorrhage and refractory ascites)” (Suhocki PV et al., 2015). Thus, the complications of cirrhosis are, for example, variceal haemorrhage and refractory ascites. Please, clarification should be provided for this matter. In the sentence “These ICD-9 codes have been validated in literature except HC secondary to viral hepatitis” (page 6, study population). The sentence is generic and the overlapping between acute and chronic complications of hepatopathy could be analysed together. Did the authors have the careful to evaluate the cases of severe viral acute hepatitis associated with complications such as hepatic encephalopathy? Please, clarification should be provided for this matter. Accept but needs minor and major revision.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 42713

Title: Temporal Trends of Hospitalization and Financial Impact Associated with Complications of Cirrhosis

Reviewer’s code: 00006208

Reviewer’s country: France

Science editor: Ying Dou

Date sent for review: 2018-10-15

Date reviewed: 2018-10-27

Review time: 12 Days

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

SPECIFIC COMMENTS TO AUTHORS

Strong points -There are few studies on the economic burden of complicated liver diseases -Important number of patients studied, evaluation period of more than 10 years -the study includes several complications of cirrhosis not often studied like hepatic



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encephalopathy -the comparison of virus / non virus complications, especially EH is useful -comparison of hospitalizations costs for cirrhosis complications with all-cause of hospitalization costs, makes it possible to show a relative increase cost of cirrhosis complications Weak points - 1° Purely descriptive study, few attempts to explain the findings. For example, the increased costs targeted to serious EV, EH and SBP complications suggest that hospitalized patients are more severe, more numerous, or that specific treatments are more expensive. To be documented - 2° There is no notion of length of hospital stay, and the design of the study does not allow studying the rehospitalizations following the first severe complication which impacts largely public health costs. This point is important as outpatient management to decrease rehospitalizations may reduce the costs (development of "Alternative models of care to reduce unplanned hospital admissions" (Morales BP, Digestive and Liver Disease 50 (2018) 76-83?) and costs for first severe complications of cirrhosis are just one aspect of the financial burden. - 3° Difficult to distinguish what is related to a better accuracy of the coding or to an increase of the epidemiological incidence of the cases -4° The impact of costs is seen through the first event and has not been designed to identify readmissions, major causes of additional costs. See point 2° -5°The serious complications of cirrhosis identified are not exhaustive and especially those that impact the prolongation of hospitalization. In particular, the coding used does not identify refractory ascites, an essential complication responsible in itself for prolonged periods of hospitalization (KJ Fagan, Internal Medicine Journal 2014) even if there is a link between unscheduled hospitalization, ascites and infection. - 6°One of the temporal modifications observed in the field of EH in connection with viral diseases will be totally modified after 2014 due to new hepatitis C antiviral drugs. Need for a photograph 2014 -2019 -7°The time of hospitalization for TIPS should be supported according to the cause: TIPs of rescue or early tips for HD or refractory ascites but obviously one runs up against the



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limits of the coding (the prognosis of the patients is not the same in the different situations) -8° Also, the declining mortality of HE according to the evolution of practices outside of rifaximin should be discussed?

INITIAL REVIEW OF THE MANUSCRIPT

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