



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 48519

Title: Epidemiology and outcomes of acute liver failure in Australia

Reviewer's code: 03471268

Reviewer's country: Japan

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-24 13:07

Reviewer performed review: 2019-05-28 09:04

Review time: 3 Days and 19 Hours

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

SPECIFIC COMMENTS TO AUTHORS

The authors reported the aetiology, incidence and outcomes of ALF presenting to the VLTU over the last 16 years and they also compared current data to historical data by the same unit. The results showed that paracetamol toxicity is the most common aetiology of ALF with a rising incidence over time and TFS has improved which may



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reflect advances in supportive care measures. The study is well designed and the article is nicely written, which highlighted the need for public health measures in the related aspects. Here are my comments: 1. Although paracetamol toxicity is the most common aetiology of ALF, the rate of waitlisted for ELT is relatively low (11/84) and the percentage of TFS is higher (73.8%) compared to those in ALF induced by other drug or toxins. Does that mean ALF patients induced by other drugs or toxins are much more serious and need more attention? 2. According to the authors, ELT are usually performed for severe cases without contraindication, is there any difference in OS after ELT for patients with different aetiology? Before making the decision about whether ELT is needed, is there any other critical factors needed to be considered for the doctors except for the clinical presentation? For example, the aetiology? 3. Paracetamol are usually taken by the patients combined with other products. In this case, how to determine that the ALF is caused by paracetamol rather than other drugs?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
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- No

BPG Search:

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- Duplicate publication
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- No



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 48519

Title: Epidemiology and outcomes of acute liver failure in Australia

Reviewer's code: 03077466

Reviewer's country: China

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-24 11:56

Reviewer performed review: 2019-05-31 09:57

Review time: 6 Days and 22 Hours

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 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 checked="" type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input 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

Hey P et al. addressed the changing incidence, aetiology and outcomes of acute liver failure in Australia. The result showed that paracetamol toxicity is the most common aetiology of ALF in South-Eastern Australia with a rising incidence over 30 years. This study may raise awareness and improve health strategies. However, there are some



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minor issues to be considered. 1. This study focused on single-center data and needed to analyze more data or multi-center data. Why did not the author analyze the data from 1988 to 2017? 2. The author compared the current data to the historical data and should interpret more about the two groups of data.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 48519

Title: Epidemiology and outcomes of acute liver failure in Australia

Reviewer's code: 03011567

Reviewer's country: United Kingdom

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-05-24 06:55

Reviewer performed review: 2019-06-03 18:59

Review time: 10 Days and 12 Hours

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 type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review this paper! Drs Hey and colleagues report in this manuscript on the epidemiology and outcomes of acute liver failure (ALF) in Australia during a 16 year period. This is a retrospective analysis of prospectively collected data. The authors additionally compared their findings with previously



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published data from the same unit and over a similar observation period. The paper is very well written, concise with no redundant information and an appropriate number of Tables and Figures. The title does reflect the content, methods used are appropriate so is the statistical analysis. The findings are of interest to a wide readership as ALF is a worldwide rare disease and etiology varies significantly across the globe and healthcare systems. Interestingly transplant free and overall survival did not differ significantly between the 2 different time periods and was only numerically better in the 2nd observation period. This is different to recent data published from the US and UK but is probably due to the significantly smaller sample size. I have only a couple of questions which warrant clarification: Could the authors give information around wait list times in the cohort of patients listed for transplant? In particular in the 7 patients who died after ELT was there any difference in wait list times compared to the 35 survivors? In the not waitlisted for ELT cohort 27% of patients died who did not have contraindications for ELT - the false negative group. This compares to 11% of patients with spontaneous survival in patients who got listed for ELT. What criteria for listing were in fact used. Did they change over time? Could the authors provide some information about that. It would also be interesting to know how many patients did have evidence of increased ICP overall and has the incidence decreased over time as it has in the UK and the US?

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