

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 53443

Title: Comparison of four NAFLD detection scores in a Caucasian population

Reviewer's code: 02861303

Position: Peer Reviewer

Academic degree: MD

Professional title: Full Professor

Reviewer's country: Russia

Author's country: Sweden

Manuscript submission date: 2019-12-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-23 07:44

Reviewer performed review: 2019-12-23 09:56

Review time: 2 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



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The modern point of view is that there is no “gold standard” for the diagnosis of NAFLD. The diagnosis of this pathology is complex and, to a large extent, comes down to the exclusion of other etiological factors. In the modern literature, there is practically no information on the use of various diagnostic indices in populations with a high and low risk of pathology. In this regard, idea of articles and research design are undoubtedly relevant. The methodological level of work is modern, consistent with the purpose of the study. Mathematical processing was carried out correctly and allowed to obtain objective conclusions. It is advisable to indicate in the methods section whether other etiological factors causing liver diseases were diagnosed, as this is a prerequisite for generally accepted modern algorithms. The results are certainly original and useful for practitioners and researchers. The authors first showed that the FLI score is a more correct diagnostic algorithm for diagnosing NAFLD in the general population, while the LFS index gives optimal results in populations with a high risk of detecting NAFLD. Certain restrictions on the use of the article are presented by the vague activity of applying these four diagnostic indices for the diagnosis of NAFLD in various countries. In the article, it would be useful to provide data on the frequency of application of the studied indices in practical health care in various countries. It would be useful for the reader of the article, who is a practical physician, to indicate a generally accepted algorithm for diagnosing NAFLD at the present stage and then explain what place the indexes studied in this work can occupy in known algorithms In general, the article seems relevant, contains original data of interest to practitioners and researchers, and can be printed in the journal after a small adjustment.

INITIAL REVIEW OF THE MANUSCRIPT

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☐ Plagiarism

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☐ Plagiarism

☐ Yes ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 53443

Title: Comparison of four NAFLD detection scores in a Caucasian population

Reviewer's code: 00181530

Position: Editorial Board

Academic degree: FCPS, MD

Professional title: Associate Professor, Doctor

Reviewer's country: Bangladesh

Author's country: Sweden

Manuscript submission date: 2019-12-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-21 03:21

Reviewer performed review: 2019-12-24 17:40

Review time: 3 Days and 14 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comment: In this study of "Comparison of four NAFLD detection scores in a Caucasian population" by Linds et al explored the extent to which the different scores can predict NAFLD in a high-risk individual versus a non-selected individual. This study was conducted to compare the ability of the above mentioned four scores [fatty liver index (FLI), hepatic steatosis index (HSI), lipid accumulation product (LAP), and NAFLD liver fat score (LFS)] to predict NAFLD in two sample sets, a population-based sample and a sample at high risk for NAFLD, using MRI-PDFF, which can accurately quantify liver fat values. In the EFFECT I study, screened patients were eligible for inclusion in the treatment part of the study provided they were 40-75 years old and had a body mass index (BMI) of 25-40 kg/m², serum triglyceride level of 1.7 mM (150 mg/dL) or higher. The EFFECT II study had similar inclusion and exclusion criteria to the EFFECT I study, with the exception that eligible patients must have had a prior history of type 2 diabetes, and serum triglyceride levels were not considered for inclusion. Data from the screening parts of the EFFECT I and II studies, including both patients who were randomized and screen failures, were used in the present study. The POEM study was a population-based study investigating individuals (all aged 50 years) from Uppsala. Of 502 individuals recruited (50% women), a successful MRI liver scan was performed in 310 individuals. Of the four evaluated scores, FLI was preferable in the population-based sample (NAFLD prevalence, 23%), whereas LFS performed best in the high-risk sample (NAFLD prevalence, 73%). As the POEM study included the sample of 50 years are not representative of the actual population. All the detection scoring system for NAFLD includes multiple variables those requires laboratory facilities. The utility of these are of limited clinical use where simple ultrasound can detect it. In this study severity was not assessed in any way. Prediction of severity is of global need. Inclusion of older group of patients made the study for limited implication. Rationale of the study is of limited value.



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INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 53443

Title: Comparison of four NAFLD detection scores in a Caucasian population

Reviewer's code: 03022180

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Professor

Reviewer's country: Brazil

Author's country: Sweden

Manuscript submission date: 2019-12-20

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2019-12-23 14:59

Reviewer performed review: 2019-12-30 22:58

Review time: 7 Days and 7 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	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<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 checked="" type="checkbox"/> Advanced
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			Conflicts-of-Interest:
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This study on two different groups from Sweden regarding metabolic risk for NAFLD was a sectional study that aimed to investigate the performance of 4 different scores for the diagnosis of NAFLD. As expected the authors find a high prevalence of NAFLD in the high risk population (74%) and 23% prevalence in the low risk population which is in accordance with the literature. The authors could have discussed these findings in the discussion session. The original finding was that these scores have not been evaluated on a nordic population with different risk factors regarding NAFLD. Although the study is well performed and organized, the results are not exciting since the authors found that the performance of the scores was at most of an AUROC of 0.80 (NAFLD LFS in the high risk population, which it would be better to have a more accurate tool to identify NAFLD). The 95% confidence interval of the AUROCS of the scores were not presented and these should be included. The strength of the study is to propose the use of a score that would be simple enough to be used as a first tool in the evaluation of NAFLD. This might be achieved in the low risk population, however, in the high risk population the NAFL-LFS is not simple enough and requires many variables to be used in general clinical practice.

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Google Search:

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BPG Search:

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