PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 60984

Title: Effect of liver inflammation on accuracy of FibroScan device in assessing liver fibrosis stage in patients with chronic hepatitis B virus infection

Reviewer's code: 03473714

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Huang LL et al. reported that liver inflammation defined by histological findings of the liver biopsy was identified as an independent risk factor affecting the diagnostic accuracy of FibroScan for fibrosis stage. To evaluate the fibrosis stage is important to determine the indication of treatment and predicting the development of hepatocellular carcinoma, however, there are several points which should be considered by the authors.

(1) The golden standard for fibrosis stage was set to histological findings of the liver biopsy which was determined by two experienced pathologists. Diagnosis of fibrosis staging such as F0 to F4 and activity such as A0 to A3 is sometimes different by the patologists. The authors should clearly show the difference of pathological diagnosis between the two patologists. (2) As pointed out by the authors, hepatic steatosis in the liver may affect the diagnostic performance of FibroScan. The degree of steatosis evaluated by histology of liver biopsy should be evaluated in uni- and multivariate analysis in Table 3. (3) In the patients with activity score <A2, some patients showed overstaging and understaging. The authors should discuss on this point.