

Letter to the editor

World Journal of Gastrointestinal Pharmacology and Therapeutics

Drug-induced liver injury in Brazil

Replay to reviewers

Reviewer number 1

Thank you for your useful comments, which have helped to improve this manuscript.

Regarding your comments on:

#1. When this data has been published?

These data were published in 2011, as can be seen in the “References” section (reference #3, new version).

#2. If those articles which were published before 2011 don’t reflect hepatotoxicity according to the new definition then I think there is potential conflict of interest with those published articles.

Two kind of conflict of interest (COI) could apply here, namely:

- 1- “Academic COI”, which occurs if an individual in the publication process has a strong belief (academic passion) in an explanation of a phenomenon, method, or idea. This COI is probably the most difficult to manage. For authors it means not overstating research outcomes. For reviewers, it means objectively reviewing an article even contrary to personal opinions and beliefs.
- 2- “Personal COI”, which occurs if an individual in the publication process has a personal relationship (either positive or negative) such that it will unduly influence the outcome of the publication process. For reviewers, this means being honest and not allowing personal relationships to influence opinions and reviews.

None of these statement apply to this letter, because my duty as an expert critic was only to inform the authors that a new definition of drug-induced liver injury (DILI) appeared in the article by Aithal and coworkers (2011), where, through a meeting report, the most prominent specialists in this subject, proposed to change the criterion to classify a liver disease as DILI mainly by changing the transaminase cut-off from 3 to 5 x ULN in addition to other biochemical parameters (See the text). This concept is currently used worldwide to define DILI. Obviously all previous publications that took reference values lower than this cut-off can be questioned nowadays, since they do not meet all the current requirements to be defined as DILI.

#3. What are the new ALT and total bilirubin value according to the new protocol?

The new criterion establishes ALT elevations ≥ 5 ULN, ALP elevations ≥ 2 ULN, or ALT elevations ≥ 3 ULN but with a simultaneous elevation of total bilirubin concentration ≥ 2 ULN to be indicative of DILI.

These new cut-off values regarding ALT and total bilirubin have been added to the text in the new version.

#4. The writing language could be more pronounced.

Our writing language is now more explicit and emphatic in commenting on certain flaws of the original article on the selection of the studies that were analyzed and the need for a recognition of the operational criterion of our LATINDILI network (see highlighted text in the marked version).

Science editor replay

Format: There are no tables and no figures

I considered to place any table or figure unnecessary, because my main objective was only to point out that there is Latin American Registry of DILI created 10 years ago that already has its own published data and the authors should have mentioned it in their article.

(4) References:

Self-citations were removed, leaving only one of them, as stated in the journal's rules and regulations.