



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 72340

Title: Socioeconomics and attributable etiology of primary liver cancer, 1990-2019

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05696812

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-19 15:13

Reviewer performed review: 2021-11-24 07:34

Review time: 4 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [**Y**] No

SPECIFIC COMMENTS TO AUTHORS

This is a good study, precise and acceptable.



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Peer-review model: Single blind

Reviewer's code: 05769618

Position: Peer Reviewer

Academic degree: PhD

Professional title: Lecturer

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-26 12:56

Reviewer performed review: 2021-11-28 15:15

Review time: 2 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled " Socioeconomics and attributable etiology of primary liver cancer, 1990–2019" is comprehensive study. Title of article is appropriate. Abstract is good arranged. Introduction is good organized with sufficient literature review. Methods are evidence based. Results show findings clearly. Conclusion is logical and appropriate. References are related to the issue. I think the figures are important and help to better understanding of the subject. The authors have done a good job. Some minor comments are below to improve the article value: 1. Line 93 do not forget to put Full stop. "...United States." 2. My concern why did the authors use different year of data such as GBD 2016 for generated the SDI and burden of PLC based on data obtained from GBD 2019. Line 145-149 3. I thought it is important point if author explained more detail "The global age-standardized incidence rate of PLC caused by hepatitis B reached its peak in 1995–1996 in case of Burden of liver cancer caused by hepatitis B. why it is peak in 1995–1996. It is important to describe in the discussion part 4. Line 330-331: Between 1990 and 2019, the incidence rate of PLC decreased for the high middle SDI locations, it is important point to explained more detail in the discussion part, what going on between 1990 and 2019 so the incidence rate of PLC decreased for the high middle SDI locations?



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Peer-review model: Single blind

Reviewer's code: 03702209

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Reader (Associate Professor)

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-11-29 05:24

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The aims of the current study was to identify the effect of socioeconomic development status on the attributable etiologies of PLC from a global perspective. Cancer mortality and incidence rates were obtained from GBD 2019 and the data were stratified by country and territory, sex, and level of socio-demographic index (SDI). The association between attributable etiology of PLC and socioeconomic development status, represented by the SDI, was described. Attributable etiology of PLC included hepatitis B, hepatitis C, alcohol use, and nonalcoholic steatohepatitis. The association between attributable etiology of PLC and SDI was further stratified by sex and geographical location. In terms of incidence rate, the first leading underlying cause of PLC was identified as hepatitis B, followed by hepatitis C, alcohol use, and nonalcoholic steatohepatitis. Association was identified between socioeconomic development status and burden of PLC. Leading attributable etiology of PLC was hepatitis B for middle, high-middle sociodemographic index (SDI) locations. Leading attributable etiology of PLC was hepatitis C and nonalcoholic steatohepatitis for high SDI locations. Between 1990 and 2019, PLC caused by hepatitis B and hepatitis C showed a decreasing trend in the death rate. Countries that possessed the highest-burden of the PLC incidence rate also had the highest burden of the PLC death rate. The most probable explanation of the findings is the underestimation of PLC burden in low middle and low SDI locations because of inadequate cancer screening. This issue needs to be addressed in more detail and be supported by relevant literature. Otherwise the study is interesting, it contains a large amount of data, but should not pass erroneously the message that high SDI location is by itself an independent risk factor for liver cancer. Socioeconomic status (SES) is one of the many factors influencing a person's alcohol use and related outcomes.



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Findings have indicated that people with higher SES may consume similar or greater amounts of alcohol compared with people with lower SES, although the latter group seems to bear a disproportionate burden of negative alcohol-related consequences. Also low socioeconomic status has been associated with an increased risk of HCV infection and with poor prognosis in HCV infected patients. Also, Hepatitis B transmission is also associated with low socioeconomic status. I think that these issues should also be addressed as the results of this study differ from the literature. In conclusion, I think that the study is interesting and can be concerned for publication in the journal after minor revisions. Yours sincerely



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Peer-review model: Single blind

Reviewer's code: 03664188

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript aimed at investigating the association between the burden of Primary liver cancer (PLC) and socioeconomic development status. Cancer mortality and incidence rates were obtained from GBD 2019 and the data were stratified by country and territory, sex, and level of socio-demographic index (SDI). The association between attributable etiology of PLC and socioeconomic development status, represented by the SDI, was described. Attributable etiology of PLC included hepatitis B, hepatitis C, alcohol use, and nonalcoholic steatohepatitis. this study revealed that In terms of incidence rate, the first leading underlying cause of PLC was identified as hepatitis B, followed by hepatitis C, alcohol use, and nonalcoholic steatohepatitis. Stratified using SDI, the incidence rate of PLC was the highest for high and middle SDI locations. Further, the leading attributable etiology of PLC was found to be hepatitis B for middle, high middle SDI locations whereas they were hepatitis C and nonalcoholic steatohepatitis for high SDI locations. The study raised the hypothesis that socioeconomic development status affects the attributable etiology of PLC. The data of GBD 2019 are valuable for policymakers in implementing cost-effective interventions for PLC. However according to the limitations mentioned by the authors, the study carried out depending to global data usually lacks accuracy. There is a possibility of the underestimation of PLC burden in low middle and low SDI locations because of inadequate cancer screening and lack of registration. So, similar studies may raised hypothesis, but did not give an evidence based conclusion. This study needs language revision