



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 76217

**Title:** Applying a Simple Diagnostic Algorithm to Identify At-Risk NAFLD Patients Needing Specialty Referral within the US General Population

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00069340

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-03-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-11 13:37

**Reviewer performed review:** 2022-03-12 14:53

**Review time:** 1 Day and 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This study evaluated the use of a simple diagnostic algorithm in identifying at-risk NAFLD patients in need for specialty referral within the US general population using the National Health and Nutrition Examination Survey (NHANES) database (2017–2018). The findings of this study provide references for the management of NAFLD patients. The title precisely reflects the main subject of the manuscript. The abstract summarized and reflected the work described in the manuscript. The key words reflect the focus of the manuscript. The manuscript generally described the background, present status and significance of the study. The methods were adequately described in the manuscript. The results were well presented contributed for research progress in this field. The manuscript interpreted the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The findings and their relevance to the literature were stated in a clear and definite manner. The manuscript sufficiently discussed the scientific significance and relevance of the findings to clinical practice. The figures and tables are sufficient, have good quality and appropriately illustrated the paper contents. The manuscript meets the requirements of biostatistics. The manuscript cite appropriately the important and authoritative references in the introduction and discussion sections. The manuscript is well, concisely and coherently organized and presented. The manuscript meets the requirements of ethics. Concerns: The term metabolic dysfunction-associated fatty liver disease (MAFLD) has been proposed in recent years. The authors need to consider the inclusion of MAFLD in their analysis and compare between NAFLD and MAFLD for the diagnostic algorithm. Also, the relationship between MAFLD and NAFLD should be mentioned and discussed in the



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introduction and discussion sections of the manuscript based on the relevant references especially MAFLD. The word “optimze” should be corrected. The abbreviations such as AUROCs and ALT need to be annotated when first presented in the manuscript.



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**Peer-review model:** Single blind

**Reviewer's code:** 05270042

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Viet Nam

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-03-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-17 02:44

**Reviewer performed review:** 2022-04-23 09:38

**Review time:** 6 Days and 6 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This is a good study that helps identify at-risk-NAFL patients who are in need for special referral. However, there are a few issues that need to be clarified: 1. The authors should further explain why choosing a FIB4 cutoff at 1.3 to differentiate patients with low risk and high risk disease. 2. Why was FAST cutoff value at 0.35 chosen to differentiate high and low risk? 3. Figure 2: - With normal ALT, there is a possibility of liver fibrosis. The authors did not mention that. - If FIB4 < 1.3 and FAST > 0.35, should it be low or high risk? - If FIB4 > 1.3 and FAST < 0.35, should it be low or high risk?