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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 70494

Title: Drug-induced autoimmune hepatitis: A minireview

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05909642 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Singapore

Manuscript submission date: 2021-08-05

Reviewer chosen by: AI Technique

 $\textbf{Reviewer accepted review: } 2021\text{-}08\text{-}06\ 00\text{:}41$

Reviewer performed review: 2021-08-18 23:43

Review time: 12 Days and 23 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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

SPECIFIC COMMENTS TO AUTHORS

The review entitled "Drug-induced autoimmune hepatitis" covers the emerging topic in hepatology with appropriate comprehensive manner. Nevertheless, there are several shortcomings mainly in the way of assembly of literatures and of handling data. Concerns: 1. In Figure 2 for patient A: Information about the suspected drug for this case, sorafenib, should be included, like in Figure 4. 2. Figure 3 is missing. 3. In Table 3 and 4: Why did authors distinctively highlight NS (not statistically significant) and * (statistically significant) in Table 3 and in Table 4, respectively? Two tables should be handled in same way and in more informative manner with each numerical p value. 4. In Table 3 and 4: Description of mean, median, and range etc are missing in several variables. 5. In Table 3, histopathology: The reference for AIH is missing. 6. In Table 4: In case putting multiple literatures together to compare certain variable, e.g., relapse rate, authors should include methods for statistical analysis. 7. In Table 4, histopathology in AIH: What did it mean "higher proportion of F4" in AIH 8. In Page 5, lane 2: AIH antibodies should be clearly described. 9. In Page 6, case discussion, Patient A: How high was serum IgG before administration of sorafenib? 10. In Page 12, lane 1: Is it appropriate to mention that both DIAIH and idiopathic AIH share similar female preponderance, if female prevalence of DIAIH was 62% as in Ref 9, that is likely less than that in AIH.



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Provenance and peer review: Invited manuscript; Externally peer reviewed

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Reviewer's code: 05910182 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Israel

Author's Country/Territory: Singapore

Manuscript submission date: 2021-08-05

Reviewer chosen by: AI Technique

 $\textbf{Reviewer accepted review:}\ 2021\text{-}08\text{-}09\ 04\text{:}42$

Reviewer performed review: 2021-08-22 09:26

Review time: 13 Days and 4 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
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I think the MS provides a good guide for general physicians to treat DILI. The English needs revision by a native English speaker. I suggest including the lymphocyte toxicity assay in addition to the MetaHeps test. The lymphocyte toxicity assay described by Neuman et al -n Clin Biochem 2000;33:517-24 has been in use for more than 2 decades. In summary I recommend accept after revision.