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PEER-REVIEW REPORT

Name of journal: World Journal of Virology

Manuscript NO: 79995

Title: COVID-19 in pre-existing chronic liver disease- predictors of outcomes

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02842879 Position: Editorial Board Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-14 09:14

Reviewer performed review: 2022-09-22 12:51

Review time: 8 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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) [] Minor revision [Y] 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

Due to COVID-19 negatively affected the outcomes of patients with chronic liver disease. The author summarized the predictors of adverse clinical outcomes and mortality in CLD patients infected with COVID-19. to help clinicians for prognostication and formulate an informed management strategy. The authors have searched the relevant literature very comprehensively, but the review was disorganized and unorganized. The review also has some problems including spelling, grammar and document formatting issues. Meanwhile, the section "Pathophysiology of liver involvement in COVID-19" should been make a schematic diagram of the mechanism.



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Reviewer's code: 06371061 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-23 17:41

Reviewer performed review: 2022-09-26 20:52

Review time: 3 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

This review outlines risk factors of poor outcomes in patients with chronic liver disease and COVID-19. The review traces how outcomes may vary depending on the etiology of CLD, severity of COVID-19, degree of liver fibrosis, and the age, race, and comorbidities of the patient. The review does a nice job summarizing the available data related to each potential risk factor, and Figure 1 is helpful in outlining in clear terms the various predictors of mortality. The tables also provide a helpful summary of the available literature, and I was impressed by the breadth of research the review details in such a concise manner. Nonetheless, I believe the article would benefit by shifting away from a strictly summary approach. Instead, I would encourage the authors to additionally explore and analyze underlying mechanisms that contribute to the various predictors discussed and to COVID-19 severity. For example, pre-existing inflammation seems to play a critical role in COVID-19 outcomes (see Enichen E, Harvey C, Demmig-Adams B. COVID-19 Spotlights Connections between Disease and Multiple Lifestyle Factors. Am J Lifestyle Med. 2022 Sep 5:15598276221123005. doi: 10.1177/15598276221123005. PMCID: PMC9445631.) and is also linked to chronic liver disease. I therefore believe this review could be strengthened by exploring in greater detail links such as inflammation that are consistent across risk factors, and by analyzing potential solutions to address such links. Additional figures to explore these links would likely be useful in summarizing how factors like inflammation influence disease risk. It is my belief that the manuscript could also benefit from greater explanation of why understanding the predictors of poor outcomes is important, and how such an understanding may shape clinical care and allow for better patient management. Similarly, the article would be strengthened by an emphasis on what questions remain to be addressed and how this article influences our



current understanding of CLD and COVID-19.

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