

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 52961

Title: Systemic review and network meta-analysis: Prophylactic antibiotic therapy for spontaneous bacterial peritonitis

Reviewer's code: 03452525

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2019-12-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-10 16:02

Reviewer performed review: 2019-12-16 03:15

Review time: 5 Days and 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors screened 13 RCTs and used a network meta-analysis to evaluate different antibiotic prophylaxis for SBP. It was a well-designed study, and the results would be interesting. The authors also discussed the limitation of the study and the uncertainty of the result. The manuscript is acceptable, and I have the following comments. 1) Please add more details how the records were collected , screened and excluded. 2) Please explain how the dose affected the result. 3) Some of the figures showing the key findings should be placed in the manuscript rather than in the supplementary materials. 4) Make sure all the abbreviations and marks in the figures and tables have explanation in the legends or footnotes.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 52961

Title: Systemic review and network meta-analysis: Prophylactic antibiotic therapy for spontaneous bacterial peritonitis

Reviewer's code: 01561799

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Australia

Author's Country/Territory: United States

Manuscript submission date: 2019-12-09

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2019-12-23 22:06

Reviewer performed review: 2020-01-01 21:55

Review time: 8 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors conducted a systematic review and network meta-analysis examining the evidence for antibiotic prophylaxis of SBP, excluding studies related to prophylaxis in GI bleeding. A recently published network meta-analysis of 10 RCTs of SBP primary prophylaxis showed a moderate effect of ciprofloxacin and norfloxacin with low quality evidence for rifaximin use (Facciorusso, et al. Liver International. 2019;39:1448–1458, DOI: 10.1111/liv.14109). Could the authors comment on the findings of that study in relation to theirs? Whether the primary outcome of this study is primary prophylaxis (Line 13, page 5) with secondary prophylaxis as a subgroup analysis (Line 7, page 8) or both primary and secondary prophylaxis (line 25, page 6) should be clarified. Risk of death (mortality rate) was the secondary outcome – did individual studies specify whether this was liver related death or all-cause mortality? If the data were available in the selected studies, an analysis of adverse events or patient tolerability related to specific antibiotics would be useful. Figure 2C is difficult to interpret. The bar graph of Rank Probability is labelled “Rank 1 is worst, rank N is best” but it is unclear what each bar in an individual antibiotic treatment group indicates (are these Monte Carlo cycles?). Similarly, the table showing the SUCRA outcomes states (in the figure legend, page 18) that “No. 5 is best” yet Number 5 in the table is placebo. The authors conclude that further RCTs are required. Can this point be elaborated; specifically are trials needed with different designs, greater numbers, and different endpoints? Should all-cause mortality be the primary endpoint? Minor points TMP-SMX is trimethoprim sulfamethoxazole, not sulbactam (Line 4, page 10) There are several grammatical errors to be corrected

INITIAL REVIEW OF THE MANUSCRIPT



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- ☐ No