PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 60251

Title: Prevalence of advanced liver fibrosis and steatosis in type-2 diabetics with normal transaminases: A prospective cohort study

Reviewer's code: 05040445

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2020-11-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-18 17:34

Reviewer performed review: 2020-11-25 17:21

Review time: 6 Days and 23 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The present study mainly talk about the prevalence of advanced liver fibrosis and steatosis in patients with T2DM and normal transaminases. My comments are as follows: 1. Seems that the has already been the leading cause of liver transplantation in some developed contries. 2. The name of NAFLD is including NASH, so it is immproper to say "Individuals with T2DM who develop NAFLD also carry a higher risk of progression to NASH" 3. What about the criteria for control group, only no T2DM? Do they all had NAFLD or not? 4. Liver biopsy is recommended for Metabolic Syndrome patients with NAFLD, so what's the meaning to compare MS in the diabetic and control group? 5. Age is also correlated to NAFLD, and the age in the study group is higher than that in control study, did the author consider this when they draw the conclusion? 6. How the author explain that there was no differeneces between liver stiffness using elastography (kPa)? 7. The sample is too small for a study without biopsy.

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Title: Prevalence of advanced liver fibrosis and steatosis in type-2 diabetics with normal transaminases: A prospective cohort study

Reviewer's code: 00050195

Position: Editorial Board

Academic degree: MA, MD, MSc

Professional title: Associate Professor, Senior Lecturer

Reviewer's Country/Territory: Israel

Author's Country/Territory: United States

Manuscript submission date: 2020-11-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-07 18:32

Reviewer performed review: 2020-11-26 02:51

Review time: 18 Days and 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] 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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors report a study of the prevalence of advanced fibrosis in patients with type 2 diabetes mellitus. There were 59 patients who were compared to 26 in the control group. I think it is unfortunate that the control group is so small and it is not really explained where these patients were picked from. The ALT upper limit of normal of 40 is anachronistic- the current recommendations are for lower limits for men and women (Pacifico et al C;in Chim Acta 2013;422:29-39). The authors do not clearly state when the M or XL probes were used for the ~Fibroscan determination, although tis is likely to be based on the patients BMI. The definition of the metabolic syndrome employed may not have been accurate for people of Asian ethnicity- I am unsure as to how many of the patients this would be relevant for. I note that the patients in the control group were significantly older than the study group- this is another confounding factor. Despite these issues, the study is comprehensive, the data is discussed very well and the conclusions are valid. The authors conclusion that many patients with near normal ALT may have significant fibrosis may be valid- but it would be better if the control group was larger and had a lower normal level of normal for ALT.