

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 61171

Title: Association of non-alcoholic fatty liver disease with gallstone disease in the United States hospitalized patient population

Reviewer's code: 02943115

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2020-11-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-27 03:21

Reviewer performed review: 2020-11-29 03:40

Review time: 2 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

1. Make correction from the title "Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. " to "Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Hospitalized Hospital." 2. The limitation of the study is "this study was not performed in general population".

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 61171

Title: Association of non-alcoholic fatty liver disease with gallstone disease in the United States hospitalized patient population

Reviewer's code: 03075520

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2020-11-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-27 23:50

Reviewer performed review: 2020-12-04 13:55

Review time: 6 Days and 14 Hours

Scientific quality	<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
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Reviewers' comments Reference No: 61171 Title: Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Population Comments: Gallstones and cholecystectomy have been proposed as risk factors for non-alcoholic fatty liver disease. The reason for this may be that both gallstones, as well as non-alcoholic fatty liver disease, share several risk factors with regards to their development. Currently, there is a lack of sufficient evidence showing an association between these clinical conditions. The study is aimed to determine whether there is a meaningful association between gallstones and cholecystectomy with non-alcoholic fatty liver disease. The authors queried the National Inpatient Sample (NIS) database for the years 2016 and 2017 using International Classification of Diseases, 10th revision, Clinical Modification diagnosis codes to identify hospitalizations with a diagnosis of gallstone disease (includes calculus of gallbladder without cholecystitis without obstruction and acquired absence of gallbladder) as well as non-alcoholic fatty liver disease (includes simple fatty liver and non-alcoholic steatohepatitis). Results showed that out of 14,294,784 hospitalizations in 2016-2017, 159,259 were found to have non-alcoholic fatty liver disease. The prevalence of non-alcoholic fatty liver disease was 3.3% in patients with gallstone disease and 1% in those without. Non-alcoholic fatty liver disease was prevalent in 64.3% of women with gallstone disease as compared to 35.7% of men with gallstone disease. After controlling for various confounders associated with non-alcoholic fatty liver disease and gallstone disease, multivariate-adjusted analysis showed that there was an association between non-alcoholic fatty liver disease with gallstones [OR=6.32; 95% confidence interval (CI): 6.15-6.48] as well as cholecystectomy (OR=1.97; 95% CI: 1.93-2.01). The association between non-alcoholic fatty liver disease and gallstones was stronger in men (OR=6.67; 95% CI: 6.42-6.93) than women (OR=6.05;

95 % CI: 5.83-6.27). The association between non-alcoholic fatty liver disease with cholecystectomy was stronger in women (OR=2.01; 95% CI: 1.96 - 2.06) than men (OR=1.85; 95% CI: 1.79-1.92). P-value was less than 0.001 for all comparisons. The data above suggest that non-alcoholic fatty liver disease is more prevalent in women with gallstone disease than men. The association between non-alcoholic fatty liver disease and cholecystectomy/gallstones indicates that they may be risk factors for non-alcoholic fatty liver disease. It is a topic of interest to the researchers in the related areas but the paper needs minor improvements before acceptance for publication. My detailed comments are as follows: 1. the introduction, materials and methods in the paper work well, especially using the codes K76.0 (simple fatty liver), K75.81 (non-alcoholic steatohepatitis {NASH}), using the codes K80.20 (calculus of gallbladder without cholecystitis without obstruction) and Z90.49 (acquired absence of gallbladder). 2. Results are good, but the part of discussion is not well discussed combined with results and references and should make some modifications. 3. The language is not fluent, suggesting that it should be edited by an English native editor. 4. The few of references are not up-to-date, references of the last 10 years should be cited, please cite last 10-years references, especially references for the last 5 years. Please make minor revisions, especially in the part of discussion, references and language editing. After making minor revisions, the paper may be considered for publication.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 61171

Title: Association of non-alcoholic fatty liver disease with gallstone disease in the United States hospitalized patient population

Reviewer's code: 03075520

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2020-11-27

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2020-12-28 10:49

Reviewer performed review: 2020-12-31 11:52

Review time: 3 Days and 1 Hour

Scientific quality	<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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Reviewers' comments Reference No: 61171 Title:

Association of Non-Alcoholic Fatty Liver Disease with Gallstone Disease in the U.S. Hospitalized Patient Population Comments: Gallstones and cholecystectomy have been proposed as risk factors for non-alcoholic fatty liver disease. The reason for this may be that both gallstones, as well as non-alcoholic fatty liver disease share several risk factors with regards to their development. Currently, there is a lack of sufficient evidence showing an association between these clinical conditions. The author's goal is to determine whether there is a meaningful association between gallstones and cholecystectomy with non-alcoholic fatty liver disease. The authors queried the National Inpatient Sample (NIS) database from the years 2016 and 2017 using International Classification of Diseases, 10th revision, Clinical Modification diagnosis codes to identify hospitalizations with a diagnosis of gallstone disease (includes calculus of gallbladder without cholecystitis without obstruction and acquired absence of gallbladder) as well as non-alcoholic fatty liver disease (includes simple fatty liver and non-alcoholic steatohepatitis). Odds ratios measuring the association between gallstone disease (includes gallstones and cholecystectomy) and non-alcoholic fatty liver disease were calculated using logistic regression after adjusting for confounding variables. The results showed that out of 14,294,784 hospitalizations in 2016-2017, 159,259 were found to have non-alcoholic fatty liver disease. The prevalence of non-alcoholic fatty liver disease was 3.3% in patients with gallstone disease and 1% in those without. Non-alcoholic fatty liver disease was prevalent in 64.3% of women with gallstone disease as compared to 35.7% of men with gallstone disease. After controlling for various confounders associated with non-alcoholic fatty liver disease and gallstone disease, multivariate-adjusted analysis showed that there was an association between non-alcoholic fatty liver disease with gallstones [OR=6.32; 95% confidence interval (CI): 6.15-6.48] as well as cholecystectomy (OR=1.97; 95%CI: 1.93-2.01). The association between non-alcoholic fatty liver disease

and gallstones was stronger in men (OR=6.67; 95%CI: 6.42-6.93) than women (OR=6.05; 95 % CI: 5.83-6.27). The association between non-alcoholic fatty liver disease with cholecystectomy was stronger in women (OR=2.01; 95%CI: 1.96 - 2.06) than men (OR=1.85; 95%CI: 1.79-1.92). P-value was less than 0.001 for all comparisons. The data suggest that non-alcoholic fatty liver disease is more prevalent in women with gallstone disease than men. The association between non-alcoholic fatty liver disease and cholecystectomy/gallstones indicates that they may be risk factors for non-alcoholic fatty liver disease.

is a topic of interest to the researchers in the related areas and language is fluent and the paper is good..My detailed comments are as follows: 1.the introduction ,materials and methods in the paper work very well ,especially Study design are well-established methods. 2. Results are good and reliable. 3.The conclusions is concise and summarize the most important contribution of the research. 4.The references are up-to-date,references All in all ,the paper is good , may be considered for publication.