CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number (Without Figures): _____19_____ **Rate:** 6.2 CNY per page

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Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	*General Information of the Manuscript* **Name of journal:** World Journal of Gastroenterology **Manuscript NO.:** 63767 **Column:** Prospective Study **Title:** Immunoglobulin G in non-alcoholic steatohepatitis predicts clinical outcome: A prospective multi-centre cohort study **Authors:** Marianne Anastasia De Roza, Mehul Lamba, George Boon-Bee Goh, Johnathan Huey-Ming Lum, Mark Chang-Chuen Cheah and Jing Hieng Jeffrey Ngu **Reviewer code:** 05465502 **First decision:** 2021-06-23 02:58 **Scientific Editor:** Jin-Lei Wang **Date of signature:** _____11/01/2021_____ (month/day/year)	[Y]

2	*Editorial Office's Comments* **Science Editor:** 1 Scientific quality: This manuscript is a Prospective Study, on the role of immunoglobulin G in clinical outcomes of non-alcoholic steatohepatitis. The topic is within the scope of the WJG. It contains features of novelty. (1) Classification: Grade A; (2) Summary of the Peer-Review Report: Reviewer 05465502 suppose that this is a unique and novel study that pinpoint the importance of autoimmune/allergic/toxic/inflammatory process in NASH pathophysiology. Reviewer suggested to include the BMI in table one and the existence of other chronic disease manly DM or HTN and look into LPS, TNF-alpha or IL-6 levels in the study subjects. Reviewer recommendation: Accept (general priority). (3) There are 2 figures and 2 tables. The format of the tables is not within required standard. Table 1, Line "Metavir Fibrosis score" format stated "Mean; (range)" does not correspond with the format provided (probably, Mean (±SD). Standard abbreviation "SD" should be given in capital letters. P-value of patients' ethnicity is not provided. In the table 1 the format of Subjects' age and NAS is "Median (IQR)"; however, ALT and AST are shown as "Mean(±SD)" – this should be explained or revised for the data presentation format. (4) There are 23 literature references, neither of them are published in last 3 years (2 most recent references are published in 2018). (5) There is no self-citing. (6) References recommendations The authors have the right to refuse to cite improper references recommended by the peer reviewer(s),	[Y]

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especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately 2 Language quality: Classification: Grade A. No language certificate is provided. Although the paper is well-written, formal statement of either native English speaking, or certificate supporting correctness of English should be provided. 3 Academic norms and rules: Institutional Review Board Approval Form is not correctly provided. Certificate issued on 06AUG2019 by the Health and Disability Ethics Committees stated that the submitted data are not within the scope of HDEC review (but no submission letter is provided); it recommends contacting institutional ethics committee before the study begins. Prospective studies requires Ethics Committee approval. It is not clear, when the study began. Some information provided by the authors, suggests that the study was initiated in 2005 and lasted up to 31DEC2017. Thus, it is not clear, why the HDEC issued their response in 2019. There is no information on the study registration, which is required per ICMJE recommendations; no letter to obtain an exempt is provided. Biostatistics Review Certificate is issued by one of the authors, that seems inapplicable. Google search shows no similar titles. 4 Supplementary comments: This is unsolicited manuscript, it has no

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financial support   5 Issues raised: The paper described as a prospective trial contain signs of retrospective design. This should be appropriately clarified. STROBE Statement checklist is not provided. There are some comments that were not raised by the reviewer, however require attention. There is no information on the NASH diagnostic criteria used in the study; this is important to verify heterogeneity of the group and the correctness of data obtained. In this regard, liver steatosis may be a result of medications used for comorbid diseases; however, this information was not mentioned as an exclusion criterion. More details are required on certain criteria of "other aetiologies such as viral hepatitis, alcohol, autoimmune and hereditary causes"; this is especially important for autoimmune-associated diseases, as some of them may have similar manifestation on the liver histology. Whether IgG4-associated disease was excluded also? Per methods' description, IgG levels were indirectly measured, at least in some cases. The number of samples with calculated levels should be provided and this approach should be addressed in the discussion. It is advisable to add the data on the presence of insulin resistance and glycosylated hemoglobin level to patients' baseline characteristics in addition to the data mentioned by the reviewer. There is no information on the data processing (i.e. data available for the final analysis with the reason of non-inclusion). The manuscript would benefit, if patients' flow chart was provided. Another point to mention is that the authors did not take into the

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	account the possible influence of the treatment provided to the patients on the outcome measures; this may significantly influence the results. METAVIR is an abbreviation and should be given in capital letters. Please, delete extra spaces in the literature references list. I would suggest sending the manuscript for additional reviews. 6 Re-review: required 7 Recommendation: Conditional acceptance. **Company Editor-in-Chief:** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are avoided. The title does not start with 'The' and does not include any Arabic numbers or uncommon abbreviations.	[Y]
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7	The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names are listed in the following format: full family (sur)name followed by abbreviated first and middles names. *e.g.*, "Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript."	[Y]
8	The 'Supported by' statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[N]
9	The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (*e.g.*, MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.	[Y]
10	The Manuscript Tracking information (*i.e.,* Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors.	[Y]
11	The Abstract section is formatted according to the article-specific style (structured *vs* unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor:	[Y]

	Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).	
12	The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.	[Y]
13	The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. *World J Gastroenterol* 2019; In press	[Y]
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15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [*i.e.*, "…computed tomography (CT)"]. First-person pronouns (*e.g.*, 'I', 'we') are used appropriately to clearly indicate the work performed	[Y]

	by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[Y]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (*i.e.*, chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[Y]
18	Statistical symbols are accurate. Statistical significance is expressed as $^aP < 0.05$, $^bP < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, $^cP < 0.05$ and $^dP < 0.01$ are used, and a third series of P values is expressed as $^eP < 0.05$ and $^fP < 0.01$. Statistical data is expressed as mean ± SD or mean ± SE.	[Y]
19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[Y]

20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (*i.e.*, providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (*i.e.*, useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[Y]
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26	The names of the peer reviewers and the scientific editor are present at the end of the paper (*e.g.*, P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
27	The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables (*e.g.*, +, -, ×, ÷, ∗) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: **Figure 1** Pathological changes in atrophic gastritis tissue before and after treatment. A: …; B: …; C: …; D: …; E: …; F: ….	[Y]
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29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]

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31	The revised manuscript is provided (file name: Manuscript No.-Review; *e.g.*, 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); *e.g.*, 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; *e.g.*, 870-Answering reviewers).	[Y]
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