



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 80356

**Title:** Management of non-alcoholic fatty liver disease patients with sleep apnea syndrome

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06301996

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Doctor, Researcher, Surgeon

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### SPECIFIC COMMENTS TO AUTHORS

This is a concise, carefully-undertaken narrative review on the connection between NAFLD and sleep apnea, with clinical correlations. Overall, it is scientifically sound, informative and easy to read. Here are my specific comments and suggestions:

Introduction-paragraph 1: One is the "two-hit" hypothesis proposed by James et al in 1998, the first strike...--> ...by James et al. in 1998: the first strike... Hypoxia and oxidative stress: It would be useful to add a comment in the last paragraph regarding the genetic associations of NAFLD and SAS, as per Bhatt et al. (doi: 10.1371/journal/pone.0199599). Diagnosis: (regarding the role of MRI in the non-invasive diagnosis and grading of NAFLD) although there are practical restrictions for patients suffering from severe obesity. Bariatric Surgery: i) As per IFSO, the correct term that has been adopted is Metabolic Bariatric Surgery (MBS), exactly because of the sequelae of this kind of operations on conditions such as T2DM and NAFLD. Consequently, I would suggest changing "bariatric surgery" into "metabolic bariatric surgery" throughout the text. ii) As per the 6th IFSO Global Registry Report (<https://www.ifso.com/pdf/ifso-6th-registry-report-2021.pdf>), MBS leads to a reduction of SAS ranging 58-65%, depending on the type of operation (LSG, RYGB, OAGB). Consequently, SAS is among the comorbidities with the greatest response rate to MBS and this is something worth mentioning. iii) Last paragraph-last period (It is important...by a specialist): This statement is not absolutely true. On the one hand the indications for MBS are constantly expanding. On the other hand, it has been estimated that only 1% of patients who are candidates for MBS are eventually being operated. The reasons for this discrepancy are multiple and include (but are not limited to)



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

suboptimal patient information about the indications and benefits of MBS, fear of surgery, reduced referrals by colleagues of related specialties etc. iv) There are at least two important original papers that have studied the clinical correlation of NAFLD and SAS before and after MBS and are worth mentioning: (1) Lesailly et al., doi: 10.1053/j.gastro.2015.04.014; (2) Zhang YX et al., doi: 10.1007/s11695-020-04696-w. Conclusions: obese patients--> patients living with obesity (politically and pathophysiologically correct term encouraged by IFSO). Figure 1 i) In the "Drugs" bubble, and specifically in the anti-obesity medications, I would suggest adding "including GLP1RAs (semaglutide, liraglutide)", as per Seghieri et al., doi: 10.3390/fendo.2018.00649. ii) I would suggest a ramification in the NAFLD-SAS continuum, as well as briefly mentioning potential responsible mechanisms, as per Ahmed and Byrne, doi: 10.3748/wjg.v16.i34.4243 (also see attached file). Overall, it is a manuscript of good quality, that could qualify for publication with a few amendments.



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<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

<b>Peer-reviewer statements</b>	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**

This is a well written minireview that updates the interplay between NAFLD and SAS. Some typos: the authors wrote - "Nonalcoholic fatty liver disease (NAFLD) is strongly associated and sleep apnea syndrome (SAS)". Please correct the sentence and substitute "and sleep apnea" for "with sleep apnea". "NAFLD can progress into nonalcoholic steatohepatitis (NASH)" - include the extension: with or without fibrosis. "NAFLD patients are prone to sleep apnea syndrome (SAS), a common respiratory disease." How common is it? What is the overall prevalence? Figure 1: Include abbreviation's legends I would suggest the inclusion of a table with the studies that show the improvement of SAS after NAFLD intervention with lifestyle measures, medications and bariatric surgery studies cited in the manuscript. This may help the reader to evaluate the design of the studies, the number of patients included and their conclusions.