



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84658

Title: Prognostic scores in primary biliary cholangitis patients with advanced disease

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00003629

Position: Editorial Board

Academic degree: MD

Professional title: Emeritus Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2023-03-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-23 10:02

Reviewer performed review: 2023-04-07 01:53

Review time: 14 Days and 15 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**Baishideng
Publishing
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

statements	Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

Dear Editor, The article by Feng Jet al compares the reliability of several well-known prognostic scores in patients with PBC. The test population includes a cohort of 397 Chinese patients with advanced fibrosis-cirrhosis due to PBC, treated with UDCA for 6.4 mean years. The analysis is extensive, but well documented statistically. It provides useful information on the reliability of known markers, that are currently widely used in predicting the clinical course of patients with PBC under treatment. The text needs to become shorter and undergo major improvement of the English language. In my opinion, it can be published after major changes, as suggested in my comments that follow:

General Comments: 1. The article must become shorter. It includes 44 double-spaced pages and 4672 words excluding References, Tables and Figures. The text should comply with the WJG publishing guidelines. 2. English language needs major improvement. Many typing errors need correction. 3. What proportion of end-stage cirrhosis patients are transplanted per year in Yunnan Province of China? Major Comments: 1. (Page 2, Lines 3-5): This statement does not hold true for Western World communities, where PBC is now diagnosed in earlier stages than before (J Hepatol 2019;71:357, Aliment Pharmacol Ther 2019;49:285). 2. (Page 5, Line 6): How the authors ascertained the “middle and the late PBC stage” in their cohort? By liver biopsy? By other means? Please explain. 3. (Page 6, Line 5): Please, give a reference. 4. (Page 7, Line 20): Authors must give the references of these “few studies”. 5. (Page 8, Line 20): The actual criteria, which had been used to make the diagnosis of PBC in each one of the 9 cooperating Hospitals, must be mentioned explicitly here and not by simply referring to 2018 AASLD guidelines. 6. (Page 9, Line 19): Authors should mention the actual means used for the diagnosis of cirrhosis. Besides those cases with a histological diagnosis of cirrhosis, was



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https://www.wjgnet.com

liver stiffness measured by Fibroscan or a SWE, or by other non-invasive tests? Please be more informative. 7. (Page 12, Line 5): Please clarify how variables with missing values of more than 5% were handled. 8. (Page 13, Line 1): In Figure 1, Authors could possibly include also data of the transplant free survival (or death) of patients with baseline compensated or decompensated PBC cirrhosis. 9. (Page 13, Line 21): Figure 2 must be omitted. It is confusing. All the necessary information is included in Table 2. 10. (Page 14, Line 10): Table 3 must be omitted. The information in the text can be extended to include the non-significant values of C-scores between GLOBE, UK-PBC, Mayo and ALBI. 11. (Page 15, Line 6): Table 5 must be omitted. 12. (Page 15, Line 7,11,17): Please give the actual numbers of the C-Statistic. 13. (Page 35, Table 1): Serum alkaline phosphatase and GGT are missing. They should be added. The unit of measurement of all parameters should be also added. The upper normal limit of all biochemical values must appear in a footnote of the Table. The number and percentage of patients without cirrhosis and with compensated and decompensated cirrhosis at baseline and at the end of follow up, should be added in the Table. 14. (Page 35, Table 1): Male: No need to mention male patients. The number and percentage of female patients suffices. 15. (Page 35, Table 1): Liver biopsy: Please mention whether you refer to Ludwig or Nakamura classification staging. 16. (Page 35, Table 1): MELD: It appears that something is not correct with these numbers. If they are correct, then all the PBC patients seem to have been on the verge of death from the start of the study. Minor Comments: 1. (Page 10, line 10): ...was the optimal... 2. (Page 4, line 18): Please explain what is the exact meaning of the phrase "active personal participation" in the study. Its meaning is not clear. 3. (Page 13, lines 2-3): The verb of this sentence is missing. 4. (Page 13, lines 13): Please add (Table 2). 5. (Page 13, lines 21): ...that did or did not... 6. (Page 15, lines 18): Do you mean "Mayo"?



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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Yes <input checked="" 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

The authors compare several scores to predict the prognosis of PBC patients in respect of liver transplantation or death due to liver disease. The scores were calculated at start of therapy with UDCA and one year later. They found that the mayo score is the best score to predict the further course of the disease. Scores based on parameters measuring grade of fibrosis have less reliability. The study is well designed and well performed. The results are clearly described. I have only minor comments. Normally, PBC is classified as stages 1-4. In the present study, the vast majority of patients was in a rather progressed stage. Can the scores be applied to PBC patients in stages 1 or 2, also? All patients included into this study were treated with UDCA. Did the authors consider patients treated with a combination of UDCA + obeticholic acid or UDCA + bezafibrate? In my impression, there are several typographical and grammatical errors that must be corrected.