

PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 89707

Title: Prognostic value of neutrophil-to-lymphocyte ratio in end-stage liver disease: a meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02445547

Position: Associate Editor

Academic degree: MNAMS, MBBS, FRCS (Gen Surg), FICS, FEBS, DNB

Professional title: Director, Surgeon, Associate Professor, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-11-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-13 13:27

Reviewer performed review: 2023-11-13 14:17

Review time: 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 Grade E: Do not publish
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 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

SPECIFIC COMMENTS TO AUTHORS

I read with interest the meta-analysis of studies predicting the mortality of ESLD patients with NLR as a variable. The HR of NLR to predict mortality was 1.07. I have some comments. 1. I rightly agree with authors that this is primarily an Asian issue and thus majority of studies are reported from Asia and in general this should not be seen as a weakness of the meta-analysis. This reflects real world situation. 2. I agree with authors that this meta-analysis do not enable them to establish a cut-off value of NLR. But some more discussion is warranted on this theme of cut-off value. Please see PMID: 32953712 where I have generated some discussion about cut off value of 3 and 5 and discussed and commented that more likely cut-off should be 3 rather than 5. Thus, i request authors to check each individual study and tabulate the cut-off values and perform an average or so and report in result section and discuss about cut offs rather than stating that it cannot be commented. 3. You start off with discussion about liver transplant. Now that we have



**Baishideng
Publishing
Group**

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

NLR predictions of mortality in ESLD patients, do you foresee more transplants happening? I don't as the limitation is donor pool. Thus, NLR is not going to benefit general patients with ESLD. Discuss this too. 4. Some severely unwell patients may not mount a neutrophilia and in fact may have neutropenia. When we speak about NLR we include both neutrophil and lymphocyte. NLR can be high due to either neutrophils being high or lymphocytes being low or both. With the knowledge that some sick ESLD patients might have low neutrophils, and thus possibly low NLR - what is your thought about utility of NLR in all patients? Can some patients (those with low neutrophils) contaminate the data and impact the cut off values? This has to be discussed. 5. The focus is on NLR and not on PLR or PNR or similar other ratio. However some mention in the discussion segment has to be done about these other ratios too as they are also used in HCC cases and comment if they are used in ESLD situations and why authors choose to select NLR and not those other ratios which essentially do the same thing. 6. I see some figure numbers is not in order. 7. The forest plot X-axis scale is not nice. Consider scale of proper numeric like 0.5, 0.75, 1.0, 1.25 etc. It appears that HR of 1.07 is too small and thus you have adapted the scale to show the diamond on the right side of line of unity/significance. Pls check and edit. Thanks