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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16993

Title: Score Model for Predicting Acute-on-Chronic Liver Failure Risk in Chronic Hepatitis B

Reviewer's code: 02942341

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-02-06 20:26

Date reviewed: 2015-02-23 08:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

ACLF is a severe, life-threatening clinical syndrome. Therefore, for early diagnosis and treatment, it is necessary to determine the risk factors and assess the risk of ACLF. However, global uniform standards and correlation studies for predicting ACLF occurrence are lacking. This study gives a clinical score model that can easily be applied to predict the risk of acute-on-chronic liver failure (ACLF) in patients with chronic hepatitis B. It is important for predicting the risk of ACLF and ACLF-related death early in the course of SAE. The sample size is adequate and statistical methods are accurate. The quality of the manuscript's presentation and readability is good.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16993

Title: Score Model for Predicting Acute-on-Chronic Liver Failure Risk in Chronic Hepatitis B

Reviewer's code: 03020633

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-02-06 20:26

Date reviewed: 2015-02-10 15:31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

My question is 1. what is early intervention, namely the time and the way of intervention, and whether the early intervention method could be readily available or feasible in parts of the world where HBV is highly endemic. Otherwise, early diagnosis or prediction is meaningless. 2. In clinical practise, for SAE of CHB patients, clinicians may generally give standard medical treatment, as the author stated including bed rest, liver-protective treatment, energy supplements and vitamins, intravenous drop infusion plasma and albumin (ALB), maintaining water-electrolyte and acid-base equilibrium, preventing and treating complications, and antiviral therapies. This may prevent disease progression. Thus may influence the predictive value of the factors. 3. There are some other minor errors, such as ALT > 5 × ULN (200 UI/L) may be IU/L in page 5 line 21. "adefovir, dipivoxil" should be adefovir dipivoxil in page 6 line 1. "potassium (K), sodium (Na), creatinine (Cr)" should be describes as "serum potassium (K), sodium (Na), creatinine (Cr)" in page 5 line 7. 4. This paper focuses on the occurrence not prevention of ACLF