

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 24074

Title: Serum adipokines might predict liver histology findings in non-alcoholic fatty liver disease

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

COMMENTS TO AUTHORS

This manuscript evaluated the association between histologic grade of NAFLD and serum biomarkers, and suggested the cut-off values of the biomarkers for NASH. The authors used the direct method to define NASH, and measured various biomarkers related to adiposity and inflammation. Finally, the authors successfully showed the indices related to each component of NASH. 1. Obesity or adiposity may be a confounding factor for this association. As the authors wrote in Introduction, all the serum biomarkers are related with obesity. It may also be true that obese patients with NASH have elevated adiposity-related markers. Therefore, controlling for obesity index should be required to explain the association between NASH and biomarkers. 2. The authors inconsistently suggested the cut-off for NASH components such as steatosis, inflammation, and fibrosis. Generally, binary variable can have only two values (yes or no). These variables have multiple kinds of values. To divide these variables into binary values, the reason should be suggested. With regard to fibrosis, periportal fibrosis as well as perisinusoidal fibrosis has only 1 point according to Kleiner et al. (2005). Kleiner et al. gave 2 points for perisinusoidal and portal/periportal fibrosis.



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How the authors categorize the group with both perisinusoidal and portal/periportal fibrosis? 3. How the authors categorize the group with NAS between 3 and 4? Did the subjects with simple fatty liver in Table 1 have $NAS \leq 2$ or $NAS < 5$? Please clarify. 4. In Introduction, the authors described the need of non-invasive tool to diagnose with NAFLD. However, the authors did not suggest the reason why the adipokines may have role in NAFLD. Please enrich the contents in Introduction.