



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 46693

Title: Improving cirrhosis care: The potential for telemedicine and mobile health technologies

Reviewer’s code: 02454185

Reviewer’s country: China

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-04-27 21:53

Reviewer performed review: 2019-04-28 01:02

Review time: 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. The reasons why the quality of care for cirrhosis were not explicitly and sufficiently discussed. for example, the authors stated that: The screening rate for hepatocellular carcinoma in the United States is under 20%, and substantial disparities exist in



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screening for those followed by primary care physicians compared to gastroenterology subspecialists (16.9% vs 51.7%), with references; however, they should be best proceed to discuss why there is such a large gap. furthermore, they only discussed the situation in USA. some other regions such as China has large population of HBV infection and cirrhosis is really an important public health problem. this should also be discussed to give a global view of the paper. 2. It does not make sence that the lack of transplant hepatologists is the primary reason for the low quality of care. transplant is only one measure for the treatment of cirrhosis; there are many more interventions such as anti-viral treatment; alcohol consumption. I suggest to put the reasons in the holistic manner. 3. In the section "Improving Screening and Preventative Care", the authors highlighted the importance of screening for cirrhosis. however, the cost-effectiveness of cirrhosis is not discussed. in the evidence based framework, screening some disease in early stage is not cost-effective because there may be not effective treatment for the early intervention; and the screening will cost resources. in such situation, early screening only brings harm to people.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication



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[] Plagiarism

[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 46693

Title: Improving cirrhosis care: The potential for telemedicine and mobile health technologies

Reviewer's code: 02904354

Reviewer's country: China

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-05-05 13:39

Reviewer performed review: 2019-05-06 15:48

Review time: 1 Day and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Some revisions are recommended as follows. Please do not say "hepatocellular carcinoma" as hepatic decompensation. There are grammar mistakes, such as "...approximately 30% at and 50% at...", "...exist to implementing successful...", "...critical



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to improving...", "The responsible party for the visit is the physician physically present with the patient" I do not know the significance of this figure. Please give some legends to this figure. Please add some tables to summarize the tests for novel technologies.

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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