



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 19048

**Title:** Non-invasive diagnosis of liver fibrosis and cirrhosis

**Reviewer's code:** 02822353

**Reviewer's country:** Romania

**Science editor:** Jing Yu

**Date sent for review:** 2015-05-07 09:11

**Date reviewed:** 2015-05-22 05:59

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 type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

The data that you exposed here is very important and usefull for any physician. I strongly recommend you to give your article to a native speaker in order to correct it. I would also advise you to revise it yourself also because you have also some grammar and spelling errors.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 19048

**Title:** Non-invasive diagnosis of liver fibrosis and cirrhosis

**Reviewer's code:** 00583653

**Reviewer's country:** United States

**Science editor:** Jing Yu

**Date sent for review:** 2015-05-07 09:11

**Date reviewed:** 2015-06-02 23:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y ] Accept
<input type="checkbox"/> [ Y ] Grade B: Very good	<input type="checkbox"/> [ Y ] 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 type="checkbox"/> [ Y ] 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 type="checkbox"/> [ Y ] No	

### COMMENTS TO AUTHORS

I found the review interesting and educational. With some exceptions as noted below the review was compressive. There are few typos, but overall quality of content is publishable. I agree with the final assessment of the authors that inexpensive tests, such as APRI, FIB-4, De Ritis ratio should be used as the initial evaluation of liver fibrosis and cirrhosis. This would lead to more appropriate liver biopsies being performed in patients. I do have some specific comments below.

Specific Comments:

1. There were a number of typos and too many one sentence paragraphs which can be combined with previous paragraphs.
2. Although the cutoffs identified by Wai et al. give acceptable differentiation of mild vs significant fibrosis others have found that the cutoffs can be optimized (see APRI cutoffs below).
3. For the Fib-4 there were a number on manuscripts that could have been referenced (see FIB-4 below).

4. While the individual marker panels were covered, combining panels (algorithms) were not covered. By combining these panels the number of liver biopsies could also be reduced. There are a number of manuscripts that deal with algorithms using panels in combination with each other and with transient elastography (see under algorithms).

#### APRI Cutoffs

1. Prediction on liver fibrosis using different APRI thresholds when patient age is a categorical marker in patients with chronic hepatitis B. Liu HB; Zhou JP; Zhang Y; Lv XH; Wang W. *Clinica Chimica Acta*. 412(1-2):33-7, 2011
2. APRI: an easy and validated predictor of hepatic fibrosis in chronic hepatitis C. Snyder N; Gajula L; Xiao SY; Grady J; Luxon B; Lau DT; Soloway R; Petersen J. *J Clin Gastroenterol*. 40(6):535-42, 2006.

#### FIB-4

1. Non-invasive markers of hepatic fibrosis in patients co-infected with HCV and HIV: comparison of the APRI and FIB-4 index. Trang T, Petersen JR, Snyder N. *Clin Chim Acta*. 2008 Nov;397(1-2):51-4.
2. The predictive value of FIB-4 versus FibroTest, APRI, FibroIndex and Forns index to noninvasively estimate fibrosis in hepatitis C and nonhepatitis C liver diseases. Adler M, Gulbis B, Moreno C, Evrard S, Verset G, Golstein P, Frotscher B, Nagy N, Thiry P. *Hepatology*. 2008 Feb;47(2):762-3
3. Role of simple biomarkers in predicting fibrosis progression in HCV infection. Mummadi RR, Petersen JR, Xiao SY, Snyder N. *World J Gastroenterol*. 2010 Dec 7;16(45):5710-5.
4. Prospective evaluation of FibroScan for the diagnosis of hepatic fibrosis compared with liver biopsy/AST platelet ratio index and FIB-4 in patients with chronic HBV infection. Zhu X, Wang LC, Chen EQ, Chen XB, Chen LY, Liu L, Lei XZ, Liu C, Tang H. *Dig Dis Sci*. 2011 Sep;56(9):2742-9.
5. Evaluation of liver fibrosis: concordance analysis between noninvasive scores (APRI and FIB-4) evolution and predictors in a cohort of HIV-infected patients without hepatitis C and B infection. Mendeni M, Focà E, Gotti D, Ladisa N, Angarano G, Albini L, Castelnuovo F, Carosi G, Quiros-Roldan E, Torti C. *Clin Infect Dis*. 2011 May;52(9):1164-73.
6. Comparison of FIB-4 and APRI in HIV-HCV coinfecting patients with normal and elevated ALT. Shah AG, Smith PG, Sterling RK. *Dig Dis Sci*. 2011 Oct;56(10):3038-44.
7. Diagnostic accuracy of the APRI, FIB-4, and the Forns index for predicting liver fibrosis in HIV/HCV-coinfecting patients: a validation study. Resino S, Asensio C, Bellón JM, Carmona R, Miralles P, López JC, Cosín J, Álvarez E, Berenguer J. *J Infect*. 2011 Nov;63(5):402-5.
8. APRI, the FIB-4 score, and Forns' index have noninvasive diagnostic value for liver fibrosis in patients with chronic hepatitis B. Ucar F, Sezer S, Ginis Z, Ozturk G, Albayrak A, Basar O, Ekiz F,

Coban S, Yuksel O, Armutcu F, Akbal E. *Eur J Gastroenterol Hepatol.* 2013 Sep;25(9):1076-81.

9. The diagnostic accuracy of the Forns index, platelet count and AST to Platelet Ratio Index derived fibrosis index for the prediction of Hepatitis C virus-related significant liver fibrosis and cirrhosis. Kayadibi H, Yasar B, Ozkara S, Serdar MA, Kurdas OO, Gonen C. *Scand J Clin Lab Invest.* 2014 Apr;74(3):240-7.

#### Algorithms

1. Noninvasive scoring algorithm to identify significant liver fibrosis among treatment-naive chronic hepatitis C patients. Koller T, Kollerova J, Huorka M, Meciarova I, Payer J. *Eur J Gastroenterol Hepatol.* 2014 Oct;26(10):1108-15.

2. Evaluation of the aspartate aminotransferase/platelet ratio index and enhanced liver fibrosis tests to detect significant fibrosis due to chronic hepatitis C. Petersen JR, Stevenson HL, Kasturi KS, Naniwadekar A, Parkes J, Cross R, Rosenberg WM, Xiao SY, Snyder N. *J Clin Gastroenterol.* 2014 Apr;48(4):370-6.

3. Comparison of transient elastography (FibroScan), FibroTest, APRI and two algorithms combining these non-invasive tests for liver fibrosis staging in HIV/HCV coinfecting patients: ANRS CO13 HEPAVIH and FIBROSTIC collaboration. Castera L, Winnock M, Pambrun E, Paradis V, Perez P, Loko MA, Asselineau J, Dabis F, Degos F, Salmon D. *HIV Med.* 2014 Jan;15(1):30-9

4. Contribution of the ELFG test in algorithms of non-invasive markers towards the diagnosis of significant fibrosis in chronic hepatitis C. Zarski JP, Sturm N, Guechot J, Zafrani ES, Vaubourdolle M, Thoret S, Margier J, David-Tchouda S, Bosson JL. *PLoS One.* 2013;8(3):e59088.

5. Comparison of three algorithms of non-invasive markers of fibrosis in chronic hepatitis C. Sebastiani G, Halfon P, Castera L, Mangia A, Di Marco V, Pirisi M, Voiculescu M, Bourliere M, Alberti A. *Aliment Pharmacol Ther.* 2012 Jan;35(1):92-104.

6. Comparison of eight diagnostic algorithms for liver fibrosis in hepatitis C: new algorithms are more precise and entirely noninvasive. Boursier J, de Ledinghen V, Zarski JP, Fouchard-Hubert I, Gallois Y, Oberti F, Calès P. *Hepatology.* 2012 Jan;55(1):58-67.

7. Complex non-invasive fibrosis models are more accurate than simple models in non-alcoholic fatty liver disease. Adams LA, George J, Bugianesi E, Rossi E, De Boer WB, van der Poorten D, Ching HL, Bulsara M, Jeffrey GP. *J Gastroenterol Hepatol.* 2011 Oct;26(10):1536-43.

8. Development of a non-invasive algorithm with transient elastography (Fibroscan) and serum test formula for advanced liver fibrosis in chronic hepatitis B. Wong GL, Wong VW, Choi PC, Chan AW, Chan HL. *Aliment Pharmacol Ther.* 2010 May;31(10):1095-103.

9. Prospective comparison of two algorithms combining non-invasive methods for staging liver fibrosis in chronic hepatitis C. Castéra L, Sebastiani G, Le Bail B, de Ledinghen V, Couzigou P, Alberti A. *J Hepatol.* 2010 Feb;52(2):191-8.

10. The combination of a blood test and Fibroscan improves the non-invasive diagnosis of liver fibrosis. Boursier J, Vergniol J, Sawadogo A, Dakka T, Michalak S, Gallois Y, Le Tallec V, Oberti F,



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Fouchard-Hubert I, Dib N, Rousselet MC, Konaté A, Amrani N, de Ledinghen V, Calès P. *Liver Int.* 2009 Nov;29(10):1507-15.

11. The APRI may be enhanced by the use of the FIBROSpect II in the estimation of fibrosis in chronic hepatitis C. Snyder N, Nguyen A, Gajula L, Soloway R, Xiao SY, Lau DT, Petersen J. *Clin Chim Acta.* 2007 Jun;381(2):119-23.