

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53808

Title: The association of GGT and the QRISK2 score: estimating 10-year cardiovascular risk in liver biopsy-proven NAFLD patients; the GO-ASIA initiative

Reviewer's code: 03471631

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Thailand

Manuscript submission date: 2020-01-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-01-19 02:01

Reviewer performed review: 2020-01-20 11:27

Review time: 1 Day and 9 Hours

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 Grade E: Do not publish	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

☐ Yes

☐ No

SPECIFIC COMMENTS TO AUTHORS

This manuscript reported a cross-sectional study to identify the association of GGT and the QRISK2 score in liver biopsy-proven NAFLD patients. The following comments might be helpful to make the manuscript more intelligible: 1. A flow chart demonstrating the recruitment of the subjects may be drawn to make it easy for the readers to understand. 2. Persistent elevated serum aminotransferase levels were the main indication for liver biopsy, so the patients may have comparatively severe condition in NAFLD, which may caused bias about high GGT level in patients recruitment, please explain it in the discussion part. 3. The references would be better in the latest 5 years, some of the references may be updated. 4. How to apply the result in our clinical practice, wonder if you add the clinical implications part in the discussion.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

☐ The same title

☐ Duplicate publication

☐ Plagiarism

☐ No



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- ☐ No

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Manuscript NO: 53808

Title: The association of GGT and the QRISK2 score: estimating 10-year cardiovascular risk in liver biopsy-proven NAFLD patients; the GO-ASIA initiative

Reviewer's code: 03490943

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Postdoc, Teaching Assistant

Reviewer's Country/Territory: Serbia

Author's Country/Territory: Thailand

Manuscript submission date: 2020-01-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-01-18 16:00

Reviewer performed review: 2020-02-02 12:18

Review time: 14 Days and 20 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
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				<input type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:

☐ Yes

☐ No

SPECIFIC COMMENTS TO AUTHORS

Please, provide more background data on the relationship between NAFLD and CVD, as well as on the potential association between GGT level and CVD. Please, be more specific regarding the persistent elevated serum aminotransferase levels as the main indication for liver biopsy. Please, add a flow chart showing the recruitment of the subjects, and also explain in more details the selection of the healthy individuals for the control group. Please, discuss in more details the fact that ALT is significantly lower in high CVD risk group than in low CVD risk group, and also comment on the highest median CVD risk in the second quartile of a baseline GGT level. Please, discuss in more details the fact that total and LDL cholesterol are significantly lower in high CVD risk group than in low CVD risk group. Please, correct the numerous typographical errors throughout the manuscript.

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