

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 34680

Title: Herbal Traditional Chinese Medicine and suspected liver injury: A prospective study

Reviewer's code: 00036318

Reviewer's country: Greece

Science editor: Fang-Fang Ji

Date sent for review: 2017-05-27

Date reviewed: 2017-06-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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

This is an interesting and well-written study and I recommend acceptance as it stands.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 34680

Title: Herbal Traditional Chinese Medicine and suspected liver injury: A prospective study

Reviewer's code: 00053433

Reviewer's country: Brazil

Science editor: Fang-Fang Ji

Date sent for review: 2017-05-27

Date reviewed: 2017-06-16

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		[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

This is an interesting cross-sectional study aimed at evaluating the incidence of herb-induced liver injury (HILI) following treatment with herbal Traditional Chinese Medicine (TCM). The manuscript is generally well written and has scientific value, given the recognized lack of data on the subject. Nevertheless, authors are kindly asked to consider the following comments and suggestions: 1. Although minor ALT elevations (< 5 xULN) can indeed prove to be clinically insignificant, those cases should not be excluded from the final analyses, since they can represent true HILI cases, albeit milder ones. In fact, ALT elevations > 3xLSN with symptoms have traditionally been considered as clinically meaningful HILI cases. In addition, the time frame used for follow-up assessment (1-3 days before discharge) could have missed worsening toxicity during longer follow-up. 2. It is not clear whether causality assessment using RUCAM has been performed also in cases with milder ALT elevations (between 2 and 5 xULN). This would have been particularly important for symptomatic cases. 3. The exclusion of



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pre-existing liver disease solely based on normal pre-treatment ALT levels, the exclusion of patients with abnormal ALT levels at baseline who could have developed clinically significant HILI (a separate analysis for those cases with ALT elevations > 3 times the baseline value would suffice), the exclusion of milder HILI cases (with ALT < 5 xULN, some of them probably symptomatic), and the application of causality assessment on patients exposed to herbal mixtures (and not to single herbs) are significant limitations of the study and should be briefly discussed. 4. Authors are suggested to provide Tables 4 and 5 as supplementary material.