

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32077

Title: The effect of liver cirrhosis on long-term outcomes after acute respiratory failure: a population-based study

Reviewer's code: 03563654

Reviewer's country: Turkey

Science editor: Yuan Qi

Date sent for review: 2016-12-24 19:52

Date reviewed: 2016-12-25 02:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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 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 checked="" 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 a study about liver failure and morbidities. I have some suggestions. 1- What is LHID2000 database? 2- "Several major complications, such as variceal bleeding, ascites, spontaneous bacterial peritonitis, hepatorenal syndrome....." 'major rectal-gastrointestinal bleeding and signs of lymphatic obstructions may also occur' 3- Why did you use SAS 9.4?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32077

Title: The effect of liver cirrhosis on long-term outcomes after acute respiratory failure: a population-based study

Reviewer's code: 03529802

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-12-24 19:52

Date reviewed: 2016-12-29 05:15

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors showed the mortality ratio of patients who required mechanical ventilation according to the presence or absence of liver cirrhosis (LC) by retrospective observational study. And they further stratified the mortality risk according to a cause of LC, and clarified it. I have some comments about this article as follows. Major 1. This article is consistent totally with phenomenology, and no causal relation has been shown at all. Although the authors described in Discussion that it is one of the limitation inherent in retrospective research, it is critical matter in this paper that what is the cause of each death and how the LC was related to them was utterly unknown. Further investigation about the cause of death were required. 2. How about the mortality risk for patients with LCs due to major causes other than viral infection like alcoholic or NASH? 3. Diagnostic criteria for liver cirrhosis is crucial issue, I think, in this paper, but it is ambiguous. The authors indicated that some of the diagnosis might be incorrect (page 13, line 10). This was a description that rocks the fundamental value of the article. 4. LC positive patients had more organ failures (page 9, line 3). Authors described there were no significant differences in mortality risk for patients with ?

two organ failures between LC positive patients and negative patients (page 9, line 11 and table 2). However, multiple organ failure itself is the definitive and direct risk of death. Authors' analysis about this area provokes a very uncomfortable feeling. 5. As for table 3, authors and we are not able to know whether the disease requiring a mechanical ventilator was affecting mortality of 5 or 10 years later. Then I think that it was meaningless to compare the survival rate with having LC or not. Minor 1. In figure 1, the item at the end described 'The risk of mortality was compared among groups' was unnecessary. (period)