

# ESPS Peer-review Report

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

**ESPS Manuscript NO:** 10561

**Title:** A study of liver cirrhosis over 10 consecutive years in south China

**Reviewer code:** 00053433

**Science editor:** Ya-Juan Ma

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| CLASSIFICATION                               | LANGUAGE EVALUATION  | RECOMMENDATION                      | 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"/> Existed    | <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"/> No records | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D (Fair)      | <input type="checkbox"/> Grade D: rejected                           | <input type="checkbox"/> Existed    | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E (Poor)      |  | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision                |

# COMMENTS TO AUTHORS

This is an interesting cross-sectional study aimed at evaluating the etiology and complications of liver cirrhosis in South China. Although with some methodological flaws (mainly the absence of data on liver function status), the manuscript is generally well written and has scientific value since it discusses a relevant subject (etiology of liver cirrhosis) and includes a large cohort of patients. However, there are some issues that need to be addressed. 1. Page 6, lines 16 to 19. Since laboratory data were also collected, it would be interesting to present some of those data (at least Child-Pugh and MELD score). 2. Page 7, line 5. "a. Hepatitis B virus (HBV): positive for HBsAg and/or anti-HBc with high titer". This means that patients without a positive HBsAg test could have been diagnosed as HBV patients. This implies the possibility of classifying as "HBV cases" patients with sequelae of past HBV infection as well as those subjects with occult HBV infection. This should be further discussed. 3. Page 7, line 9, "2. Alcoholic cirrhosis: criteria proposed by the Chinese Association for the Study of Liver Disease". Given the exceptionally low prevalence of alcoholic liver cirrhosis found, it would be important to provide further details about those criteria. 4. Page 14, line 25. "... may progress to NASH or NAFLD." I believe it would be better to write: "(...) may have progressed from NASH to LC." 5. Page 14, lines 2 to 4. The possibility of non-recognized NASH-related LC should be included and briefly discussed. 6. Page 14, lines 6 to 29. As pointed out by the authors, liver function status assessed by Child-Pugh classification is one of the main predictors of variceal bleeding in LC patients. The same can be said about the risk of HCC development. Hence, the absence of control for liver function status when analyzing the impact of etiology on the risk of UGIB/HCC is a relevant limitation of the study and should be discussed by the authors. 7. Discussion. Before ending the



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discussion section, it is suggested to include a brief paragraph with the main limitations of the study. 8. Table 1. Information showed in Table 1 would be better described by using a population (age) pyramid. 9. Table 3. 9.1. For age comparisons, it is not clear enough which is the reference group. 9.2. For the sake of clarity, it is suggested that only age comparisons should be showed in Table 3. Statistical analysis for etiology comparisons by gender can be easily added to Table 2. 10. Table 6. This is not the standard way to present multivariate analyses. It is suggested to use one table for UGIB and a second one for HCC. P values should also be included in both tables.