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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76200

**Title:** Nonselective beta-blocker use is associated with increased hepatic encephalopathy-related readmissions in cirrhosis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01436308

Position: Editorial Board

Academic degree: MD

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-03-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-07 11:44

Reviewer performed review: 2022-03-09 12:32

Review time: 2 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No



Baishideng **Publishing** 

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This retrospective study investigarted the associaition of nonselective beta-blocker (NSBB) use with the risk of hepatic encephalopathy-related readmissions in patients with Child B or C cirrhosis. The authors found that NSBB use was independently associated with the first hepatic encephalopathy-related readmissions. They also found that NSBB use was an independent predictor of hepatic encephalopathy-related admissions per person-month. The study is interesting, and the manusciript is well written. My comments are listed below. 1. Whether the use of NSBB is asscoted with the risk of different grades of hepatic encephalopathy-related readmissions (e.g. grades II, or III, or IV, respectively)? 2. Is there any association between durtation or dose of NSBB use and risk of hepatic encephalopathy-related readmissions? 3. How about the stability of NSBB prescription? Is there any patients quit the NSBB use or newly prescripted NSBB during follow up? 4. Whether quiting NSBB use is associated with a decreased risk of hepatic encephalopathy-related readmissions?



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05040445

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Chief Physician, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-03-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-07 07:09

Reviewer performed review: 2022-03-15 16:37

Review time: 8 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
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statements	Conflicts-of-Interest: [ ] Yes [Y] No

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It is a very interesting study showing that Nonselective beta-blockers use is independently associated with increased HE-related readmissions in patients with cirrhosis, regardless of liver disease severity. The only limitation is that it is a retrospective study, however, it still gave some information about the safety of NSBB in our daily clinical practice.