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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 2411
Title: Investigation of Genome Instability in Patients with Non-Alcoholic Steatohepatitis
Reviewer code: 01810523
Science editor: Wen, Ling-Ling
Date sent for review: 2013-02-20 15:51
Date reviewed: 2013-03-10 08:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Commons to Authors: In this report, Karaman et al using a CBMN assay demonstrate that patients with NASH has higher numbers of MN, NPBs, and NBUDs in the cultured, mitogen-stimulated binucleated lymphocytes, and they conclude that genomic instability may contribute to hepatic carcinogenesis in NASH patients. The objective of this study is straightforward and the results are interesting. However, it is difficult for the reviewer to draw the same conclusion without further evidence, because of the concerns listed below. Major concerns: 1. Alcohol drinking and obesity are the two most common life-style causes of steatohepatitis. The alcohol drinking habit should have been amongst the inclusion-exclusion criteria of this study. 2. The case population has significantly higher BMI and HOMA-IR. This raises concerns over the presence or the absence of family history of diabetes in the case-control populations. The insulin resistance and diabetic status, the family history of diabetes, and the correlation between diabetes (if any) and NASH should be thoroughly evaluated. It is possible that diabetes, rather than NASH is the predisposing risk factor for the genomic instability. 3. Is the frequency of increased MN, NPBs, and NBUDs also observed in HCC patients? Is there any correlation in this increased frequency between NASH and HCC patients? These data should be included or discussed in order to draw the authors' conclusion. Minor concerns: 1. The authors should check spellings and punctuations, and avoid using too many abbreviations, being considerate for general readers. For example, it is not necessary to shorten CBMN Cytome Assay to CBMN Cty Assay. 2. Is PHA a well-known mitogen associated with NASH, HCC, or diabetes? What is the reason using PHA instead of other mitogens in this study?

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Science editor: Wen, Ling-Ling
Date sent for review: 2013-02-20 15:51
Date reviewed: 2013-03-11 05:46

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