

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7211

Title: Non-invasive prediction of forth-coming cirrhosis-related complications

Reviewer code: 00159278

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:33

Date reviewed: 2013-11-20 05:39

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

COMMENTS TO AUTHORS

I was asked to review the paper entitled "Non-invasive prediction of forthcoming cirrhosis-related complications", by Kang W and colab. I think that it is a well written and comprehensive paper. However I think that there are some papers that should be mentioned: First of all: - Cosgrove D, et al. EFSUMB Guidelines and Recommendations on the Clinical Use of Ultrasound Elastography. Part 2: Clinical Applications. Ultraschall Med. 2013 Jun;34(3):238-53. These guidelines specify that "TE has some value for predicting the occurrence of complications of liver cirrhosis, portal hypertension, HCC and liver associated mortality. It cannot replace upper gastrointestinal endoscopy for identifying patient with varices" - Sporea I, et al. Value of transient elastography for the prediction of variceal bleeding. World J Gastroenterol. 2011 May 7;17(17):2206-10 - it is a paper that presents the results of TE in a cohort of 1000 cirrhotic patients - Bota S, et al. Can ARFI elastography predict the presence of significant esophageal varices in newly diagnosed cirrhotic patients? Ann Hepatol. 2012 Jul;11(4):519-25 - it proposes a new score including spleen stiffness and liver stiffness by ARFI to predict the presence of EV - Singh S, et al. Accuracy of spleen stiffness measurement in detection of esophageal varices in patients with chronic liver disease: systematic review and meta-analysis. Clin Gastroenterol Hepatol. 2013 Sep 18. doi:pii: S1542-3565(13)01320-7. 10.1016/j.cgh.2013.09.013.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7211

Title: Non-invasive prediction of forth-coming cirrhosis-related complications

Reviewer code: 01564820

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:33

Date reviewed: 2013-12-06 11:18

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The paper by Kang and colleagues is a review of current knowledge about non-invasive prediction of cirrhosis related complications though non-invasive tools already validated for the diagnosis of liver fibrosis and cirrhosis. Indeed, recent data support the view that non-invasive tools, especially the most validated ones such as APRI, liver stiffness, Fibrotest and fib-4, can be used as prognostic markers to predict clinical outcomes in patients with chronic liver diseases. The topic is relevant, I have some comments that the authors should address. Major concerns: the paper focuses mostly on costly fibrosis methods and little space is given to simple non-invasive methods including APRI and Fib-4. Given their universal availability and their virtual no cost, these methods should still be considered, especially in poor-resources settings. A recent study by Angulo et al published in gastroenterology showed that simple non-invasive methods predict clinical outcomes in NAFLD. Another study by Sebastiani et al showed that simple biomarkers can predict presence of esophageal varices (J Hepatol 2010). Minor concerns: please correct english in the following sentences: page 6 line 11; page 7 line 12