

Flat C, 23/F., Lucky Plaza, 315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7794

Title: Risk factors of liver-related mortality in chronic hepatitis C patients: a deceased case-living

control study

Reviewer code: 02456596

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 21:32

Date reviewed: 2013-12-09 21:30

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

COMMENTS TO AUTHORS

This paper investigated Risk factors of liver-related mortality in chronic hepatitis C patients: a deceased case-living control study. The results suggested that interferon-α treatment, the stage at the initial diagnosis and comorbidities are all independent risk factors for liver-related HCV mortality. However, there are a few defects need to be modified. 1. The authors should elucidate the case number of CHC, compensated liver cirrhosis, decompensated liver cirrhosis and hepatocellular carcinoma (HCC) in 8250 inpatients chronically infected with HCV. 2. The authors should illustrate the inclusion and exclusion criteria of conditional logistic regression analysis in the Statistical analysis of SUBJECTS AND METHODS, and give the regression coefficient in Table 3. 3. The HBcAb in manuscript should be anti-HBc.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7794

Title: Risk factors of liver-related mortality in chronic hepatitis C patients: a deceased case-living

control study

Reviewer code: 02527647

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 21:32

Date reviewed: 2013-12-18 16:34

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

COMMENTS TO AUTHORS

The authors investigated a large number of HCC patients using the hospital clinical database. The results indicated that interferon- α treatment, the stage at the initial diagnosis and comorbidities are all independent risk factors for liver-related HCV mortality. The most outstanding is the big size sample. The authors already revised the paper according to the first reviewer. But, at the interferon therapy part, the authors should illustrate the influence of SVR or not SVR, cause it is well known, SVR is a key point for CHC prognosis.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7794

Title: Risk factors of liver-related mortality in chronic hepatitis C patients: a deceased case-living

control study

Reviewer code: 02861277

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 21:32

Date reviewed: 2013-12-18 19:04

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

COMMENTS TO AUTHORS

Zeng QL and colleagues reported an interesting deceased case-living control study concerning hepatitis C virus-related mortality. The authors found that initial diagnostic stage of disease, alcohol consumption, diabetes and other comorbidities are independent risk factors for liver-related mortality while antiviral therapy is able to decrease mortality rate in CHC patients. I believe that several points should be clarified and discussed. The authors compared two groups of patients with a different liver disease severity (Table 3), the case group, as compared to the control, had an advanced liver disease (higher percentage of liver fibrosis and hepatocellular carcinoma) thus as expected shown an earlier and higher mortality rate. The authors did not mention and analyze factors affecting antiviral treatment efficacy for instance HCV genotype 1, 2..., IL28B polymorphisms, insulin resistance also without diabetes. HCV RNA was undetermined in about 17% of the patients and the authors did not describe the presence of anti-HCV antibodies. Alcohol consumption should be quantified to distinguish between heavy drinkers, moderate and so on.



Flat C, 23/F., Lucky Plaza, 315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7794

Title: Risk factors of liver-related mortality in chronic hepatitis C patients: a deceased case-living

control study

Reviewer code: 02860577

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 21:32

Date reviewed: 2013-12-22 14:52

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

COMMENTS TO AUTHORS

Excellent study but some parts are viague and needs more elaboration. Kindly refer to the reviewed manuscript.