

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8667

Title: The role of cystatin C and renal resistive index in assessment of renal function in patients with liver cirrhosis

Reviewer code: 02822357

Science editor: Qi, Yuan

Date sent for review: 2014-01-02 17:24

Date reviewed: 2014-01-02 22:19

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

The authors try to show that CysC is a more reliable marker for renal dysfunction in cirrhosis than creatinine. This is not novel, however, another study on this topic might help to increase awareness to this topic. I would suggest several modifications to your manuscript: 1) Do you have inulin clearance data? You correctly write in your discussion, that inulin clearance is the gold standard to measure renal function, therefore I would suggest to show these data. 2) You also correctly state that creatinine is dependent on muscle mass. Do you have data on nutritional status (for example subjective global assessment or handgrip strength) or laboratory parameters (for example pre albumin) to show this. 3) You state that CysC better reflects renal function, however, I am missing any outcome data such as development of complications (e.g. HRS) or mortality data. 4) Your discussion contains a lot of information, however, I am missing a "common thread".

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8667

Title: The role of cystatin C and renal resistive index in assessment of renal function in patients with liver cirrhosis

Reviewer code: 00503536

Science editor: Qi, Yuan

Date sent for review: 2014-01-02 17:24

Date reviewed: 2014-01-12 14:22

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 checked="" 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 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 manuscript written by Culafic et al. describes that cystatin C and renal resistive index may be more reliable markers for assessment of liver and renal dysfunction in patients with liver cirrhosis. Conventionally, renal dysfunction is assessed by serum Cre or GFR_{Cre}. However, cystatin C and renal resistive index are more sensitive than those markers. The data are important and useful in the management of patients with liver cirrhosis. However, there are some concerns that need to be addressed. The manuscript provides important information in the management of patients with liver cirrhosis. Therefore, it can be accepted for publication after some minor revisions. Minor points. 1. There have been some papers that showed the role of cystatin C and renal resistive index for the assessment of renal dysfunctions in patients with liver cirrhosis. The authors should clearly mention the original points of this report. 2. It would be better to show the correlation of renal parameters with MELD score (Table 2) in a plot figure. 3. Cystatine, found in the text, should be cystatin.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8667

Title: The role of cystatin C and renal resistive index in assessment of renal function in patients with liver cirrhosis

Reviewer code: 02861161

Science editor: Qi, Yuan

Date sent for review: 2014-01-02 17:24

Date reviewed: 2014-01-23 04:47

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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Comments to Authors The aim of the present study was to evaluate the clinical importance of Cystatin C and renovascular impedance for the assessment of renal function in cirrhosis. In all sixty-three cirrhotic patients and thirty controls renal function was studied with the estimation of creatinine glomerular filtration rate, cystatin C filtration rate and Doppler renal resistance index (RRI). The authors found a correlation between cystatin C and the severity of cirrhosis evaluated with Child- Pugh and MELD score. According to literature, RRI was significantly correlated with liver function. The authors conclude that cystatin C is a reliable marker of liver failure and that CysC and RRI are more sensitive than creatinine as indicators of renal dysfunction in cirrhotic patients. 1. Although the topic is clinically relevant and interesting, the study is not novel. The correlation between Cystatin C- RRI and the severity of cirrhosis and renal function is not unexpected and has been previously shown. The authors should emphasize the novelty of their results. 2. Sacerdoti et al. demonstrated an impairment of renal Doppler indices in cirrhotic patients with ascites. The authors should specify the number of patients with ascites and the impact of ascites on their results. 3. In the title and in the section of Introduction the authors should state more clearly the clinical setting in which this investigation was conducted (stable or complicated cirrhotic patients). 4. In many cases the authors chose references of secondary importance. For example a recent paper (2013) of Mindokoglu et al. published on Hepatology must be mentioned. 5. The authors should describe the medications of the patients and the impact on their results. 6. In this study GFR was estimated as GFR creatinine and GFR cystatin C to evaluate the clinical importance of cystatin C for the determination of renal function. Why did the authors not use a gold standard validated method as



Baishideng Publishing Group Co., Limited

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

⁵¹Cr-EDTA GFR or inulin GFR.