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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6330

Title: Incretin based therapies-a novel treatment approach for non-alcoholic fatty liver disease

Reviewer code: 02541859

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-16 08:32

Date reviewed: 2013-11-07 06:51

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I have reviewed the manuscript "Incretin based therapies- a novel treatment approach for non-alcoholic fatty liver disease. This article has discussed about the incretins and DPP4 inhibitors - their role in diabetes mellitus and proposed beneficial effects in NAFLD. Although there are some minor grammatical errors, the article has given a clear message that incretins and DPP4 inhibitors can have role in the treatment of NAFLD.

There are certain grammatical errors. These are as follows:

1. In the abstract, 6th line -----enhances glucose-stimulated----
2. In the abstract, line 7 to 10, Glucagon-like peptide (GLP-1) is the most important incretin . Its receptor agonist and inhibitors of dipeptidyl peptidase-4 are used in the treatment of Diabetes mellitus.
3. In the abstract, line 16 and 17, ----- further studies are needed to assess the long-term effects of incretin based therapies on NAFLD.
4. In the Core Tip, line 5 -----which
5. In the Introduction, line 9, ----- diabetic hepatitis -----
6. Last sentence of the paragraph - The pathogenesis and metabolic changes in NAFLD: ----- the presence of insulin resistance -
7. In the paragraph of Incretin based therapies - indirect action, the sentence before the last one: -----serving as local endogenous---
8. In the paragraph of Incretin based therapies - a direct action: endoplasmic stress is a major player in the progression of fatty liver..



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6330

Title: Incretin based therapies-a novel treatment approach for non-alcoholic fatty liver disease

Reviewer code: 02822536

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-16 08:32

Date reviewed: 2013-11-29 03:15

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

COMMENTS TO AUTHORS

Comments This is a very interesting review about one of the most common hepatic disorders in developed countries. NAFLD is the major cause of hipertransaminasemia, is recognized the risk of worse progression in many patients with this disorder, and nowadays there isn't an standar of treatment for those patients with unfavourable course. Based on the rational of insulin-resistance as the underlying cause of this entity, the use of insulin-sensitizers has become in the main focus in the treatment of NASH/ NAFLD. Under this perspective, the use of incretin analogues would be an option. In my opinion, this is a complete review from a pathophysiologic point of view, but I have some considerations to do 1) In the introduction, the impact of the studies based on metformin and pioglitazone should need to be more detailed, due to the amount of information in the literature, that is analized in a recent meta-analysis (Musso G. A Meta-Analysis of randomized trials for the treatment of NAFLD Hepatology 2010;52:79-104). I think, so, that the clinical trial by Sanyal et al (Sanyal A. N Engl J Med 2010;362:1675-85) about vit E and pioglitazones should be commented. Furthermore, the recommendation for the use of thiazolidindiones in a recent American Guideline should be in this paragraph (AASLD Guidelines: Chalasani N. Hepatology 2012; 2005-2023) 2)

The incretin analogues have been approved as an option of the treatment of tipo II Diabetes. Only type II diabetic patients with NAFLD/NASH have been studied with incretin analogues or DPP-4 inhibitors, therefore, the conclusions of this review only can be applied to type II diabetic patients suffering for NASH, and not for the nondiabetic-NAFLD patients 3) There some mistakes in the references a. 44: Is it an abstract? b. 52: I don't understand this reference c. Numbers 57 and 67 are the same reference