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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6831
Title: Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease
Reviewer code: 02444760
Science editor: Cui, Xue-Mei
Date sent for review: 2013-10-29 17:42
Date reviewed: 2013-11-11 00:08

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
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The review of 'Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease' compares the clinical characteristics and outcomes of patients with ALD and NAFLD on the basis of epidemiology, diagnostic procedures, factors associated with disease susceptibility and progression, comorbidities, and predictors and characteristics of outcomes. It's valuable for physicians and researches as providing them with comprehensive knowledge about fatty liver diseases induced by alcohol (ALD) and excessive energy intake (NAFLD). Major comments 1.Running title of the review, being 'Hepatitis C-related liver cirrhosis', may be unrelated to the text. Is there any mistake? 2.According to the review, non-invasive methods, such as AST/platelet ratio index (APRI), FIB-4 index, FibroScan, and FibroTest, have been employed to assess the fibrosis stage of ALD and NAFLD. However, non-invasive method related to the hepatic steatosis of ALD and NAFLD, both of which are characterized by hepatocyte steatosis, is ignored. To the knowledge of reviewer, controlled attenuation parameter (CAP) is recently developed to measure the hepatic steatosis using a process based on transient elastography. Then the authors are encouraged to evaluate the progression in non-invasive staging of hepatic steatosis. 3.Except for these non-invasive measurements, scoring the features of ALD and NAFLD reflects another effective method in the assessment of disease stage. For example, NAFLD Activity Score (NAS) is used to separate NAFLD from nonalcoholic steatotic hepatitis (NASH). Maddrey Discriminant Function (MDF) or Model for End-Stage Liver Disease (MELD) scoring system uncovers the risk of poor outcome in patients with alcoholic hepatitis (AH). Scoring of ALD and NAFLD, therefore, is suggested to be discussed. Minor comments 1.Patatin-like phospholipase

domain-containing 3 (PNPLA3), especially I148M (rs738409 C/G), has bee proved to play an important role in both ALD and NAFLD. But accumulating proofs confirm that different SNPs of PNPLA3, and various genes other than PNPLA3, implicate in ALD and/or NAFLD. As a result, more information is needed to shed light on the genetic variance of ALD and NAFLD. 2.There seems to be ambiguous in the English expressions of text, such as 'non-invasive methods cannot differentiate simple hepatic steatosis from hepatic fibrosis' (P. 8). Plain and precise expression will be appreciated.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6831
Title: Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease
Reviewer code: 00053689
Science editor: Cui, Xue-Mei
Date sent for review: 2013-10-29 17:42
Date reviewed: 2013-11-16 16:58

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	[Y] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS
Specific comments: 1. In general, this review manuscript is significant and comprehensive. However, the content could be condensed to make it more concise. or instance, there are some redundant outlines between sessions of [Epidemiology] and [Factors associated with disease susceptibility and progression] and also between those of [Predictors of outcomes] and [Characteristics of outcomes], which are suggested to be merged. 2. Some grammar errors in the text are needed to be cautiously corrected. For instance, the first sentence in the session of 4.3 Mortality.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6831
Title: Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease
Reviewer code: 02444976
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Date reviewed: 2013-11-18 11:42

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 publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The authors have written a good review comparing NAFLD and ALD. I think that a comment on the pathological features of the two entities is warranted since the authors do mention how histology is related to outcome and also non-invasive markers of fibrosis. I do not have any major comments on the manuscript. The authors state in the conclusion that NAFLD is a disease caused by an addiction to food. I think this is oversimplifying the issue and suggests that the patients with NAFLD are guilty for developing the disease. I suggest to accept the manuscript after minor revisions.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6831
Title: Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease
Reviewer code: 00742517
Science editor: Cui, Xue-Mei
Date sent for review: 2013-10-29 17:42
Date reviewed: 2013-11-20 14:42

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 publication
[ ] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

1.The title is: Comparison of clinical features and outcomes in patients with alcoholic liver disease and patients with nonalcoholic fatty liver disease. But the running title is : Hepatitis C-related liver cirrhosis. Please keep in consistent. 2.Please revise the format of the full text.. For example:keep text-align :justify. 3.Please ask someone familiar with English language to help you to rewrite the paper. Page2 Abstract:Alcoholic liver disease (ALD) and nonalcoholic fatty liver disease (NAFLD) are worldwide, serious health problems. Revised to "Alcoholic liver disease (ALD) and nonalcoholic fatty liver disease (NAFLD) are serious health problems worldwide" would be better. Page4: Reflecting modern overnutrition, 1.46 billion adults worldwide were estimated to have a body mass index (BMI) of 25 kg/m2 or higher in 2008[4] Page4: ALD and NAFLD differ from each other in many characteristics, ranging from differences in molecular biology to clinical aspects. Revised to "ranging from differences in clinical features to outcomes" would be better. Page 5:We here therefore comprehensively characterize ALD by comparing its clinical features and outcomes with those of NAFLD. Page 5: A study from the USA of patients hospitalized for alcohol-related conditions found that the peak prevalence was observed at ages 45–69 years[15]. 4.Page 7: About the ALD/NAFLD index (ANI):The author should point the limitation. it is not suitable for end-stage liver disease and cirrhosis as patients in this stage all have elevated MCV and AST/ALT. 5.Page 8: The author just show the accuracy of many fibrosis indices using AUROCs. .But the author also should show the sensitivity and specificity of fibrosis indices such as Fibrotest. 6.Page 10 Paragraph 1:Risks for the ALD are associated with alcohol type,quantity, drinking patterns and so on.The author should detail these factors. 7.Page 10 section :Host factors. This section should include factors such as insulin

resistance and metabolic syndrome. 8.Page 19 Section 6.3. Mortality and causes of death survival parameters were similar in patients with decompensated alcoholic and hepatitis C-related cirrhosis. What is the survival parameters? 5-year survival rates or others?