

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9218

Title: Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic Fatty Liver Disease

Reviewer code: 00058390

Science editor: Yuan Qi

Date sent for review: 2014-01-27 14:51

Date reviewed: 2014-02-12 18:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The study is well described and seems to be well performed and supported by good techniques, methods and statistics. Compliments to the authors! Several questions remain to the present reviewer after reading the manuscript. I suggest them to be discussed in the discussion part of the manuscript instead of requiring new experiments or collection of new data. 1) What is the reason for the enhancement of the IgA concentration? Since this is correlated with (perisinusoidal) fibrosis, is it correct to assume that it means an inhibited uptake by liver parenchymal cells? Or is there a reason for enhanced production (synthesis and secretion) of IgA? 2) Where is the source of the serum IgA? 3) Did you screen liver biopsies of 'healthy' people for the occurrence of (perisinusoidal) fibrosis? 4) Is it right to conclude that serum IgA levels are of no importance in other (non-steatotic) types of liver fibrosis?

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Title: Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic Fatty Liver Disease

Reviewer code: 02860862

Science editor: Yuan Qi

Date sent for review: 2014-01-27 14:51

Date reviewed: 2014-02-19 21:57

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

COMMENTS TO AUTHORS

We thank Maleki and Co-workers for the interesting manuscript "Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic fatty Liver Disease". The authors showed the connection between IgA serum levels and liver fibrosis in NASH. However, this question was addressed by another group very recently and got published in January 2014 (McPherson et al. JHepatol. 2014 Jan). In the latter publication, a bigger cohort was analyzed and analysis was carried out in an appropriate way. Regarding this issue, I would not recommend to accept the manuscript of Maleki et al. for publication. Apparently, the authors prepared their manuscript unaware of McPhersons manuscript. In my opinion Malekis data deserves recognition in the scientific community. To give their data novelty and impact, which will be essential for future publication, I would recommend to improve the manuscript with new data. I may suggest some topics that can be addressed. It would be interesting to have a longitudinal observation of IgA levels (over time, after gain/ loose of bodyweight) or to have a comparison with fibrotic patients of other etiology. A focus on the important Co- morbidity diabetes could also be interesting. IgA Levels can be affected by diabetes mellitus type 2 and it would be interesting to see if a correlation is present with IgA and markers of diabetes such as glucose tolerance and HbA1c. Apart from the new data, I would recommend the following for the current manuscript: Were subjects with NASH/NAFLD diabetic or pre-diabetic? Please address this question. Please provide detailed figure- and table legends. Please comment on the publication of McPherson et al.

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Name of Journal: World Journal of Gastroenterology

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Title: Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic Fatty Liver Disease

Reviewer code: 02860798

Science editor: Yuan Qi

Date sent for review: 2014-01-27 14:51

Date reviewed: 2014-02-20 05:22

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

In the article "Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic fatty Liver Disease" the authors evaluated the accuracy of IgA as a non-invasive marker of fibrosis (as an early event in NAFLD development). The finding of this study is relevant and of interest, but to increase the quality of the manuscript i would recommend to add some additional information such as: ? Is there a negative correlation between IgM concentration in the serum and the presence of NASH features? (IgM is known to be a auto antibody against oxLDL, which is known to be pro-inflammatory). ? Is the correlation of IgA levels and stage of fibrosis gender specific? ? Is there a correlation between free fatty acid serum levels and the stage of fibrosis? (If yes, please provide a fatty acid profiling to determine whether there are more saturated than unsaturated fatty acid in the serum of NASH patients)

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 9218**Title:** Serum Immunoglobulin A Concentration Is A Reliable Biomarker For Liver Fibrosis In Non-Alcoholic Fatty Liver Disease**Reviewer code:** 02861029**Science editor:** Yuan Qi**Date sent for review:** 2014-01-27 14:51**Date reviewed:** 2014-02-20 23:21

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
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COMMENTS TO AUTHORS

The authors reported the evaluation of serum IgA level as a non-invasive test to differentiate early stage of NAFLD from NASH. The authors have to increase the number of patients for each group to have significant values. The number of people analyzed is too small (for example, among the NASH group, four people with fibrosis 3 and only one person with fibrosis 2 and 4). The authors should also evaluate the serum IgM and IgG concentration. This work is not a novel study because Tomita and colleagues have already published that serum IgA concentration is an independent predictor to assess the progression of NASH (Dig Dis Sci. 2011 Dec;56(12):3648-54). Moreover, I suggest the authors to read carefully the manuscript. There is no correspondence between the IgA values present in the text and the ones in the table.