BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 9537
Title: APOC3 (?455T>C) Polymorphism Confers Susceptibility to Nonalcoholic Fatty Liver Disease in a Han Chinese Population
Reviewer code: 00001097
Science editor: Ya-Juan Ma
Date sent for review: 2014-02-16 13:12
Date reviewed: 2014-03-02 23:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[Y] 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

Minrui Li et al.investigated the relationship between APOC3(-455T>C) and NAFLD susceptibility in Han Chinese population.They performed a prospective,casecontrol studyenrolled600 unrelated individuals, including 300 NAFLD patients and 300age-and gender-matchedhealthy controls. The results are that APOC3(-455T>C) genetic variation is involved in the susceptibility to develop NAFLD, IR, and metabolic syndrome disorders.

This is a well written paper of potential interest addressing a relevant topic. However, I have some concerns. The following issues should be considered.

<Majorcriticisms>

1.
The authors diagnosed NAFLD only by ultrasonography. For a diagnosis of NAFLD, they should mentionalcoholic consumption and the result of liver biopsy.If they did not collect liver biopsy, they should consider scoring system, such as NAFIC score or FIB4 etc., to indicate how many NAFL and NASH exist in the subjects.

2.
In Table 1, they should showaspartate aminotransferase (AST) and alanine aminotransferase.

3.
In this study, the prevalence of NAFLD in C-carriers genotypes(TC or CC) and the wild-type

homozygote(TT) genotype was 55.4% and 41.2%. In study of the Asian Indian population the prevalence of NAFLD in C-carriers genotypes(TC or CC) and the wild-type homozygote(TT) genotype was 38.0% and 0%. Previous studies examined Asian Indian, African American, European American, Hispanic, and Finnish populations, but the association between APOC3 (455T>C) polymorphism and NAFLD susceptibility was found only in the Asian Indian population. I think there is differentfrequenciesof the APOC3(455T>C) genotypes. I recommend presentingthefrequencies of the APOC3(455T>C) genotypesin each ethnicity.

4.

In statistical analysis,which model did the authors calculate in additive model and dominant recessive model?

5 They should performmultiple logistic regression analysis of the factors associated with APOC3 (455T>C) polymorphism.

6.

In table2, 3, 4and5,the authorsshould considerthe correlation of APOC3(-455T>C)polymorphism in the control groupas well as in NAFLD patients.

7. The serum concentration of APOC3 was not obtained in this manuscript. Apolipoprotein C3 is a major consistent of VLDL. I recommendmeasuring the serum concentration of VLDL.

＜Minorcriticisms＞

1. In Figure 2,why is there two band in the fragments of 194bpposition.

2. In references,fonts are different.