ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 9449
Title: HEPATIC CLEARANCE MEASURED WITH 99mTc-GSA SPECT TO ESTIMATE LIVER FIBROSIS
Reviewer code: 01168670
Science editor: Na Ma
Date sent for review: 2014-02-13 08:31
Date reviewed: 2014-03-01 02:41

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

COMMENTS TO AUTHORS

The manuscript by Taniguchi et al, "Hepatic clearance measured with 99mTc-GSA spect to estimate liver fibrosis" evaluates the utility of 99mTc-GSA SPECT to reliably predict the degree of liver fibrosis in patients for liver resection is planned.   Comparisons are made to particularly state that hepatic clearance (HC) is superior to other measurements (LHL15 and HH15), other techniques (ICGR15), and clinical parameters of liver function when predicting fibrosis.   The study has relevance and is interesting in its concept, however some conclusions are made that need to be justified by more rigorous data analysis.   These are highlighted below: Major Criticisms: 1)   Almost half of the patients had no fibrosis at all, therefore there is significant concern that the data may be underpowered to evaluate whether any of the parameters (HC, LHL15, clinical, etc.) are sufficiently able to discriminate better than other factors the degree of fibrosis.   It is suggested that greater patient accrual or cohort expansion, particularly to include greater numbers of patients with fibrosis be included in the study.   2)   Since the main outcome is degree of fibrosis, baseline characteristics should be expressed somehow in relation to degree of fibrosis rather than just the whole cohort at large.   This would be helpful for not only the baseline characteristics, but also for the measured aspects of 99mTc-GSA and ICGR15.   In addition, noted clinical scoring systems that have been previously validated as being predictive of degree of liver dysfunctions such as MELD or CTP score should be included along with single laboratory values.   3)   The fibrosis scoring system is incompletely defined…how was the scoring system chosen?   Does it apply to all etiologies of liver disease?   How was it decided?   A statement is made that F0-F2 was reflective of non-severe fibrosis,

whereas F3 and F4 is considered severe fibrosis? This is very confusing in that fibrosis scores are meant to reflect degree of fibrosis before full-blown cirrhosis has occurred. The Ishak scoring system is suggested as an alternative.   4)   While HC appears to be an independent predictor along with other factors, the data do not support the conclusion that HC is superior to other parameters or clinical measurements with respect to predicting fibrosis.   The most correct means of assessing these pre-test markers is through the ROC analysis which unfortunately shows no significant differences. This is likely due to many of the reasons listed in comment 1) along with selection of a scoring system for fibrosis that is relatively narrow, though it is ok to select the median value for this range. Minor Criticisms: 1)   The title should include full text for any abbreviations and not simply the acronym itself. 2)   The figure legends and table legends need to be more clear so that the reader can rapidly understand the variables and their definitions along with the basic comparisons made. 3) Are there any technical concerns with the use of this technology with respect to other co-morbidities?

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 9449
Title: HEPATIC CLEARANCE MEASURED WITH 99mTc-GSA SPECT TO ESTIMATE LIVER FIBROSIS
Reviewer code: 02860766
Science editor: Na Ma
Date sent for review: 2014-02-13 08:31
Date reviewed: 2014-03-05 04:11

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	
[ ] Grade D (Fair)		BPG Search:	[ ] Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

-The author should clarify the indications for hepatectomy (as regard the HCC patients, the author should clarify number and size of tumours). -what about the condition of the hepatic vasculature in those patients (portal vein, hepatic veins and hepatic artery) whether they have patent, thrombosed or attenuated vessels or impaired blood flow as a complication of HCC. -Why the author did not use Metavir or Ishak classification of liver fibrosis ???(both are more commonly used as a universal classification of liver fibrosis). -As regard patients with NASH, the author should clarify whether those patients had DM, dyslipidemia or unknown aetiology.