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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 25269

Title: A Novel Technique for Visualizing the Hepatic Vascular Architecture Using

Superb Microvascular Imaging in Patients with HCV

Reviewer's code: 03358825 Reviewer's country: Canada Science editor: Jing Yu

Date sent for review: 2016-03-03 13:57

Date reviewed: 2016-03-13 03:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y]No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y]No	

COMMENTS TO AUTHORS

This is a very interesting and innovative original research. According to the authors this is the first report of utility of SMI in HCV cirrhosis.

Few queries for the authors

- 1. Authors should state the reason for choosing 'anterior inferior PV'.
- 2. Need more details in the methods -

How long it took to examine a single patient?

Is the 2 radiologists examined the patient one after another immediately?

Was the patient able to co-operate for 2 immediate scans?

3. 'Two third parties blindly classified each of the SMI images as one of the five types based on the vascular pattern..' - Is this in addition to 2 rads or by third parties you mean the performing radiologists?



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- 4. In page 12, in disadvantages of liver biopsy, include 'sampling error'
- 5. In page 12, "SMI is difficult in obese individuals or in patients with severe fatty liver due to the depth of the subcutaneous fat" How commonly the authors experienced this problem. I mean can you give us a number like in how many patients you encountered these practical problems? Was any patient could not be optimally examined due to obesity or fatty liver?
- 6. Authors need to include more details on the basis/physics of SMI. Authors do mention it is low cost. How it compares to CEUSG and elastography. Can it be added to an already existing machine? Overall this is a well written, properly designed study throwing light on a new innovative technique!



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 25269

Title: A Novel Technique for Visualizing the Hepatic Vascular Architecture Using

Superb Microvascular Imaging in Patients with HCV

Reviewer's code: 03537349 Reviewer's country: France Science editor: Jing Yu

Date sent for review: 2016-03-03 09:04

Date reviewed: 2016-04-05 16:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[Y] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y]No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y]No	

COMMENTS TO AUTHORS

I just wanted to let out know that the numbers were not coherent for fibrosis F0 and F1. According to paragraph 1 of Results, the number of mild fibrosis cases (F0-F1) is 55 and according to the second paragraph, there are 21 F0 and 32 F1 which gives a total of 53 mild fibrosis cases. There are 2 missing cases. The authors should check their numbers and make the appropriate correction in the paper before publication.

Otherwise, the paper is interesting and well written. If you would like my full review let me know, but as I told you in my previous email, for some reason, I could not see the images and fully access the paper.