



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27935

Title: Etiology of chronic liver diseases in the Northwest of Italy, 1998 through 2014

Reviewer’s code: 03646816

Reviewer’s country: United States

Science editor: Jing Yu

Date sent for review: 2016-06-22 14:41

Date reviewed: 2016-06-24 04:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. How was the number of charts reviewed chosen? Was a power analysis performed? This should be answered in the Statistical Analysis paragraph. Also, please explain “an additional sample of the 2012-2014 period was included in the analysis” – how many charts were added to this time period? 2. Why are the years 2007-2010 not included in the study? If the authors want to clearly illustrate a temporal trend in prevalence these years should be included. As it stands, the lack of inclusion of these years in the study should be addressed as a limitation in both the Methods and Discussion sections, and a valid reason for this limitation should be provided. 3. Please provide more details on indications for hepatology consultation. Aside from an increase in liver enzymes (by how much? One-time only or on repeat labs?), what were the other indications for referral to a specialist? Over half of NAFLD patients have normal aminotransferase levels – this should also be commented on in the manuscript. 4. Results should be presented more clearly; the last paragraph of the Results section is very difficult to understand without Table 5 and should be rewritten. Also, the tables should be referred to in the text where pertinent. 5. The upward trend in the prevalence of metabolic live disease is only significant within the older population. Although prevalence of NAFLD



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

is known to increase with age, it would be interesting to have epidemiological data on obesity and metabolic syndrome in this patient population within the same region. Similarly, concomitant diseases in both age groups should be mentioned, including HBV coinfection. 6. The new direct antiviral treatments and their impact on HCV epidemiology are only mentioned in passing. The authors should include a timeline of when these drugs were introduced in their region and discuss whether or not they think these drugs had an effect on HCV prevalence during the last years of their cohort. 7. The author's propose that their results suggest the need for a national surveillance program. How do they envision this be done? The AAASLD's NAFLD practice guideline does not advise screening in the general population nor in high-risk adults "due to uncertainties surrounding diagnostic tests and treatment options, along with lack of knowledge related to the long-term benefits and cost-effectiveness of screening".



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 27935

Title: Etiology of chronic liver diseases in the Northwest of Italy, 1998 through 2014

Reviewer's code: 03536885

Reviewer's country: United Kingdom

Science editor: Jing Yu

Date sent for review: 2016-06-22 14:41

Date reviewed: 2016-06-28 04:31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is well written but needs minor revision. The key message from your study is decreasing incidence of viral liver disease (HCV) and increasing incidence of NAFLD. This is not entirely surprising but it is consistent with results in many developing and developed nations. 1) You have not included any patients between the period 2007-2012. This is a long period of missing data and does not bode well for an epidemiological study. Can you explain the reason? 2) Can you elaborate on the rationale behind dividing the study period into 4 periods? You could have divided the period between 1998-2014 into three equal periods of ~5 years each (if you have the data for years 2007-2012). It will help readers if you can explain the rationale behind your methodology. 3) In the Results: When you say "with respect to" do you mean "in comparison"?. Please re-write the sentence. 4) Your result section needs to be re-written as it should be elaborated and you need to insert table numbers to guide the readers. In table 2, during 2004-06 and 2012-14 significant decrease in HCV was seen. Was this due to HCV treatment? If yes, do you have any broad data on what kind of treatment patients received? In table 3, the only odds ratio that is statistically significant is for the period 2012-2014. All other p values are non-significant. Can you attempt to explain these results?



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In other words, What might be the reason for significant result seen in 2012-14 not seen at other time points? 5) Your data highlights an important issue but do not support the need for national surveillance programme for NAFLD. This is also not advocated by international guidelines. Please consider revising the paragraph or removing it altogether.