ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 29730
Title: Evolving strategies for liver fibrosis staging: the non-invasive assessment
Reviewer's code: 02860653
Reviewer's country: Ukraine
Science editor: Ze-Mao Gong
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language	[ ] The same title	[Y] High priority for
[Y] 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

The manuscript `Evolving strategies for liver fibrosis staging: the non-invasive assessment` by Cristina Stasi, Stefano Milani is an interesting overview dealing with an important issue of liver fibrosis staging. The paper is well written and elaborated. However, it is not obvious what exactly added value was provided by Authors to the studied topic. What exactly future studies Authors suggest to validate non-invasive methods in predicting the different phases of liver cirrhosis? Elastography is rather well studied tool so far, thus statements like `is still unknown if either non invasive markers of liver fibrosis or elastography may contribute to a more accurate staging of liver cirrhosis` so does not seem relevant. I would suggest to provide clear emphasize on the following: - The discussion of non-invasive markers like FIB-4, aspartate aminotransferase (AST) to alanine aminotransferase (ALT) ratio (AAR), AST to platelet count ratio (APRI), and platelet count to spleen diameter (PC/SD) ratio), etc is very appreciated since they are definitely underestimated in the clinical set. - Focus on the evaluation of indirect signs for LF, like oesophageal varices (second phase cirrhosis) identification by computed tomography, EUS, ultrasound, dopplerography blood flow analysis, etc. - Serum markers in accordance to the imaging data is an important task. - What about

studies regarding combining tools? - Add some critical and comparative analysis. - Some tables and / or images would help to visualize impact of each method. I suggest to analyze the evidence of all existing non-invasive tools in regards to their level of evidence and clinical accessibility with suggesting generalized protocol and update existing algorithms fort liver fibrosis in different kinds of pathology.