

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 00058696

**Reviewer's country:** United States

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-07

**Review time:** 14 Hours

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

## COMMENTS TO AUTHORS

I have carefully examined this manuscript. My major questions are summarized below:

- 1) The manuscript is presently difficult to read. Assistance from an English language consultant should be considered. For examples: Introduction: "fibrosis is an inevitable stage (?precursor? instead of: stage) of cirrhosis". Introduction: "Hepatic fibrosis... and the major cause of CHB". Introduction: "and low possibility for duplication (?reproducibility? instead of: possibility for duplication).
- 2) Abstract says patients "were enrolled"; Introduction however states "retrospectively". So were patients enrolled prospectively?
- 3) In Introduction, the paragraph starting with "Maud Lemoine" should be moved into the Discussion; and I would make a Table out of those listed prior results so that it would be easier to compare prior results to the results in this present study.
- 4) There are too many models described. I think that the authors



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should focus on addressing the question of the utility of the gamma-glutamyl transferase to platelet (count) ratio. 5) Was there involvement with or consultation with a Biostatistician? The authors need to consider addressing the relationships of the factors examined by performing stepwise multiple logistic regressions. 6) Methods, Section 1.2.5: a reference should be provided after “guideline(s) of chronic hepatitis B in 2010”. 7) Methods, Section 1.2.6 ROC analysis needs to be better defined and the method better described. 8) Degrees of fibrosis on liver biopsy are divided into F1-F4. This is clearly a nonparametric variable. Did the authors consider using the Kruskal-Wallis test? 9) Was permission for this study obtained from a Human Studies Subcommittee at the Hospital or associated Medical School? 10) Placing the actual AUC’s in the Discussion it too complex to read. I would rely on a Table to summarize these results.

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**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 01221188

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-11

**Review time:** 3 Days

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

## COMMENTS TO AUTHORS

This study is very interesting and useful for clinicians. However, many revisions are needed. The methods and results of statistical analysis should be precisely and tenaciously explained. 1.What is the 2001 China Viral Hepatitis Prevention and Treatment Program? 2.The normal range of TBil, AST, ALT, GGT,and platelet counts should be shown. 3.The methods of statistical analysis should be described in Table 1 and 2. 4.The meaning and the method of the connected in parallel are unclear in ROC analysis. 5.Figure legends are missing. 6.There is no description of HBV serum makers in the result section. 7.The classification of liver fibrosis is not clear. What is the guideline of chronic hepatitis B in 2010?

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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 02861252

**Reviewer's country:** Turkey

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-12

**Review time:** 4 Days

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

## COMMENTS TO AUTHORS

Good work...Good references...There are some confusion things in abstract and discussion parts. GPR and APRI okay... where is the GPR and FIB-4 in text....

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 02860895

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-12

**Review time:** 4 Days

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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<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

This is a retrospective study to have examined the clinical applicability of GPR to predict the severity of liver fibrosis in patients with HBV hepatitis. I respect the authors' effort to deepen discussion in this controversial theme. However, they seem to be ignoring a couple of important reports proposing an opposite opinion (see below). They should have discussed reasons of the discordance between their own data and the previously reported data. 1) Li Q, et al. The Gamma-Glutamyl-Transpeptidase to Platelet Ratio Does not Show Advantages than APRI and Fib-4 in Diagnosing Significant Fibrosis and Cirrhosis in Patients With Chronic Hepatitis B: A Retrospective Cohort Study in China. *Medicine* (Baltimore). 2016; 95: e3372 2) Stockdale AJ, et al. The gamma-glutamyl transpeptidase to platelet ratio (GPR) shows poor correlation with transient elastography measurements of liver fibrosis in HIV-positive patients with chronic hepatitis B in West



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Africa. Response to: 'The gamma-glutamyl transpeptidase to platelet ratio (GPR) predicts significant liver fibrosis and cirrhosis in patients with chronic HBV infection in West Africa' by Lemoine et al. Gut. 2016; 65: 882-4.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 00502973

**Reviewer's country:** China

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-16

**Review time:** 9 Days

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

## COMMENTS TO AUTHORS

In this manuscript, Hu et al. studied the potential application of GGT/Platelet ratio in the diagnosis of liver fibrosis in CHB patients. This is relevant to the scope of WJG, and the results were interesting. However, concerns were present and need to be addressed.

1. In general, the English is not good enough to meet the standard of publication, and need to be polished further. 2. Introduction: "As an imaging examination, hepatic cirrhosis detection is a good tool for the diagnosis of hepatic fibrosis," What's "hepatic cirrhosis detection" examination? Did the authors mean the Fibroscan method? "Li Q et al. published an article in November 2016 showing that GPR assessment of hepatic fibrosis in CHB patients with HBV-DNA $\geq$ 5log10copies/ml and ALT $\leq$ 2IU is better than other noninvasive serum models in a Chinese population[11]." It's seldom to see a CHB patient with ALT $\leq$ 2 IU. Please check. "Wan-Li Wang and Qing Pan et al. both

reported that GPR could be used as an independent factor in the preoperative evaluation of patients with primary liver cancer caused by CHB[4, 5].” Does this statement mean that GPR can be used to evaluate liver cancer? That’s interesting. “However, likely due to the sample size, they did not carry out an in-depth satatifiedpathological study of hepatic fibrosis.” What is “in-depth satatifiedpathological study”? I cannot understand. “Based on these findings, to further explore the value of GPR in the diagnosis of hepatic fibrosis,we retrospectivelyanalyzeda total of 652 outpatients and inpatients diagnosed with CHB in the General Hospital of Ningxia Medical University from May 2010 to January 2016,and performed correlationanalysis and receiver operating characteristic curve(ROC) analysis of GPR, APRI and FIB-4 with age, gender, medical history, serum HBV DNA level, liver function (total bilirubin [TBil], alanine transaminase [ALT],aspartate aminotransferase [AST]),gamma-glutamyl transferase(GGT),platelet counts and hepatic fibrosis stage of 390 newly diagnosed CHBpatients with complete data who were not treated with hepatoprotective therapy, anti-liver fibrosis drug or antiviral drugs.”This sentence is too long and the expression is confusing. 3. Material and Methods: “According to the clinical diagnostic criteria in the “<Guidelines for prevention and treatment of chronic hepatitis B” in 2015,” Please list the reference in which the “<Guidelines for prevention and treatment of chronic hepatitis B” was published. “A database of all data was stablished by Excel2000” “stablished” change to “established”. “correlation were determined Pearson correlation analysis” change to “correlation were determined by Pearson correlation analysis”. 4. Results: “Pearson correlation analysis showed that GPR, APRI and FIB-4 were not associated with patient age, genderor the disease course,but were associated with disease TBil,AST, ALT, GGT,and platelet counts” “disease” should be deleted. “according to the 2001 China Viral Hepatitis Prevention and Treatment Program” Please list the reference of “the 2001 China Viral Hepatitis Prevention and Treatment Program” so that the readers can retrieve the full text of this Program. In Table 3. Correlation of GPR, APRI, FIB-4 (mean + SD) and fibrosis grade, the peak values of GPR, APRI, FIB-4 were at Fibrosis grading of F2, F3, F3 respectively. The mean values of GPR, APRI, FIB-4 were NOT increased as the severity of fibrosis grades worsening. This should be discussed. What’s the meaning of “when GPR and APRI were connected in parallel”, and what’s the meaning of “when GPR and APRI were connected in series”? Please explain “connected in parallel” and “connected in series”.



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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35755

**Title:** The value of the gamma-glutamyltranspeptidase to platelet ratio in the diagnosis of hepatic fibrosis in patients with chronic hepatitis B

**Reviewer's code:** 00069855

**Reviewer's country:** United States

**Science editor:** Yuan Qi

**Date sent for review:** 2017-08-07

**Date reviewed:** 2017-08-20

**Review time:** 13 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y ] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [ ] Minor revision
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [ Y ] No	

## COMMENTS TO AUTHORS

correct the writing errors in the text.