PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75606

Title: Trends in hospitalizations for alcoholic hepatitis from 2011 to 2017: A United States nationwide study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01436308

Position: Editorial Board

Academic degree: MD

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-02-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-07 10:58

Reviewer performed review: 2022-02-12 07:04

Review time: 4 Days and 20 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors analyzed the trends in hospitalizations for alcoholic hepatitis from 2011 to 2017 by analyzing the National Inpatient Sample (NIS) database. They found that the number of alcoholic hepatitis inpatient hospitalizations significant increased from 2011 to 2017. The topic is interesting and the manuscript is well-written. My comments are listed below: 1. ICD-9 and ICD-10 codes in Table 1 include not only alcoholic hepatitis, but also alcoholic fatty liver and alcoholic cirrhosis. 2. It would be interesting to analysis the comorbidities of the alcoholic hepatitis patients.

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Title: Trends in hospitalizations for alcoholic hepatitis from 2011 to 2017: A United States nationwide study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03208726

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-02-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-07 15:25

Reviewer performed review: 2022-02-16 05:56

Review time: 8 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript studies the changes in the hospitalization rate of ah in the NIS database from 2011 to 2017. Analyzing the hospitalization rate and mortality of ah has certain significance for public health. However, I think there are still areas for improvement in the analysis. If the author can improve or supplement these details, the content of the manuscript will be more substantial. （1）Since the author mentioned hospitalization expenses, can we analyze the influencing factors of hospitalization expenses? （2）If the data in the database allows, can authors add the relationship between age, sex, liver function, metabolic indexes and AH mortality and incidence of complications?

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Title: Trends in hospitalizations for alcoholic hepatitis from 2011 to 2017: A United States nationwide study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06245556

Position: Peer Reviewer

Academic degree: DPhil

Professional title: Doctor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: United States

Manuscript submission date: 2022-02-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-10 08:08

Reviewer performed review: 2022-02-17 14:17

Review time: 7 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer **statements**	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors present an investigation into the number of alcoholic hepatitis-releated hospitalisations between 2011 and 2017. It was not clear what the hypothesis was; however, the authors have identified a rise in the number of AH-related hospitalisations during this period.   This manuscript provides an update on AH-related admissions and associated mortality risk factors. The significance lies in the substantial healthcare costs and overall prevalence of AH-related admissions, in parallel with figures of alcohol abuse in the US. The authors aim to "provide an up-to-date descriptive analysis of trends in AH hospitalizations within the United States" however the data are from between 5 and 11 years ago. Is more recent data available, and could this be incorporated into the analysis? The conclusions drawn from the study could be more insightful regarding the impact of the results generally, and for clinical practice. For example, "prevention of alcohol use" (last sentence of conclusion) is not informative, whereas "prevention of alcohol abuse" would be more relevant. In the discussion, which is currently a recapitulation of the results, a discussion around the impact of the major results could be provided.   Specific comments: 1. The title reflects the aims of the manuscript. The title should specify which nation the data pertains to - ie. the United States. Similarly in the abstract the country under investigation should be made much more explicit, and also earlier in the introduction rather than in the last sentence of the introduction.   2. The abstract summarises the work done. As above, the authors should make the nation of study more explicit.   3. The keywords are appropriate.   4. Background: The introduction establishes the context of the study and its significance. A sentence describing the timeframe(s) over which severe ALD develops would be useful.   5.

Methods: The methods describe the cohort and the statistics in adequate detail. 6. Results: - The authors have shown that AH-related admissions in US hospitals increased between 2011 and 2017. - Is the p-value quoted in the first sentence of the results relating to the total number of hospitalisations for AH or for the percentage of total hospitalisations? If the former, have the authors adjusted for total population increase over that period? - The comment on a stable level of mortality should be moved to the discussion. Given there is a significant difference, the authors should consider commenting on the effect size - similarly, the median length of stay increased from 5.98 to 6.14 days which is significant statistically though perhaps not clinically. - It seems improbably that sepsis could go from making up 7.4% of mortality risk factors in 2014 to 46.7% in 2016 and 48.3% in 2017 - can the authors provide a putative explanation for this in the discussion? - What was the sample number used to calculate the statistics? Throughout the manuscript the authors have extrapolated the data to "produce an accurate estimate of the patient population nationwide" - but was the original smaller sample number used in the statistical analysis? This for example would not be clear from Tables 2-3. 7. Discussion: - 71,290 is not double of 47,140, it is 1.5x - Over how many years was the 5% mortality of AH determined? Or was this just determined by those who died in hospital? This would not be an accurate determination of mortality rate. 8. - Chart 1: This chart is poorly designed. Where are the axis labels? Where is the figure legend providing information on the analysis? The statistical result (p-value) should be provided for the graph, so that it can prove information when standing alone from the results main text. The y-axis should be percentage of total admissions which is a more meaningful demonstration of year-by-year changes in the number of admissions relative to total population changes. 9. Why was a chi-squared test used instead of a mixed effects model? Time/Year is not a categorial variable. 10. SI units are fine. 11. References are fine, however a reference #31 has been included in the reference list but

has not been cited in-text.   12. The manuscript is concise.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

| statements | Conflicts-of-Interest: [ ] Yes [Y] No |

SPECIFIC COMMENTS TO AUTHORS

I have no further comments.