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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 40647

Title: SPLEEN STIFFNESS MIRRORS CHANGES IN PORTAL HYPERTENSION AFTER SUCCESSFUL INTERFERON-FREE THERAPY IN CHRONIC-HCV PATIENTS

Reviewer's code: 02445854

Reviewer's country: Italy

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-03

Date reviewed: 2018-07-04

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting article, which confirms an improvement in portal hypertension in patients with cACLD successfully treated with DAAs. Minor comments The section "core tip" is missed. Introduction It should be specified that the LSM values of 20-25

kPa recommended by the Baveno VI consensus are referred only to patients with chronic viral hepatitis and not to patients with other etiologies of liver disease. M&M In this study, only the M probe was used. It is recommended to use the XL probe when the skin-to-liver capsule distance is >25 mm. How it was dealt with this issue? Results How many patients with complete response to surgical resection or loco-regional ablation of previous HCC were included? Discussion The acronyms should be spelled out only at the first mention. Page 15: In this study a non-invasive assessment of HVPG was made, thus it is incorrect to state that SSM was compared to HVPG. It should be specified again that it is a surrogate of HVPG. References Ref #18: there is a typing mistake. Please correct Ref #36 should be checked: it is incomplete, the name of some authors is not spelled correctly and the list of authors is not correct. Figures The acronyms should be spelled out because the reader may look at the figures without reading the text.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 40647

Title: SPLEEN STIFFNESS MIRRORS CHANGES IN PORTAL HYPERTENSION AFTER SUCCESSFUL INTERFERON-FREE THERAPY IN CHRONIC-HCV PATIENTS

Reviewer's code: 02920064

Reviewer's country: Japan

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-03

Date reviewed: 2018-07-10

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comment to the authors This paper was written about SSM change after SVR with DAA. I think this paper is very important but is very confusing, because there are a lot of figures and tables. [Major points] 1. The primary endpoint should be written in the

Material and Methods section. 2. As the conclusion in abstract, the authors described (p3), "SSM seems to reflect changes in PH after SVR better than other NITs." I can not find the results supporting this opinion in the abstract. Please explain more clearly. 3. The explanation of Table 1 is not necessary in the main text, because many readers can understand by looking at table. (p10, lines 1-10) 4. The context of Figure 2 is most important in this paper. Therefore, P values should be described in this figure (not use symbol mark). 5. I strongly recommend that the values of supplemental material 2 should be written in the Figure 2. 6. The authors described, "As presented in Supplemental Material 1, the baseline characteristics did not statistically differ between patients with paired TE measurements and those with only BL data, except of serum albumin levels (p= .042)." (p 10) But, I can not find out this importance. Please describe the importance of this sentence. 7. Figure 3 is very confusing. Please simplify. 8. Please mention the reason of using cut-off value of SSM decrease > 20% in the table 3 with bibliographical consideration. 9. In this paper, the diagnosis of CSPH was defined by LSM >21 kPa. Nevertheless, LSM value was analyzed for the predictors of CSPH in the table 4. If the authors want to analyze the LSM value, CSPH should be defined by HVPG or other method. 10. There are too many tables. Unnecessary tables should be deleted. [Minor points] 1. There is no figure legend. 2. Please spell out about abbreviation (TE, EV, EBL, etc.). (p6, p7, p9) 3. The description, "According to the Baveno VI Criteria[11], values of LSM > 10 kPa at TE were considered suggestive of having cACLD and whom with LSM ≥21 kPa were defined to rule-in CSPH as previously described[33,34]. At baseline, laboratory values, Model for End-Stage Liver Disease (MELD) and Child-Turcotte Pugh (CTP) scores were also reported for each patient." should be moved to Introduction or Discussion section. 4. There are a lot of grammatical mistakes. You should get English proofreading for this paper.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 40647

Title: SPLEEN STIFFNESS MIRRORS CHANGES IN PORTAL HYPERTENSION AFTER SUCCESSFUL INTERFERON-FREE THERAPY IN CHRONIC-HCV PATIENTS

Reviewer's code: 03477256

Reviewer's country: Germany

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-03

Date reviewed: 2018-07-10

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors should address the following questions: 1. Were patients co-infected with HBV or HIV excluded from the study? 2. Did esophageal varices disappear after antiviral therapy? 3. Did the authors investigate signs of portal hypertension (spleen

stiffness) at the time-points 2, 4, 6, 8, and 12 weeks after antiviral therapy? Is there a kinetic? 4. Was genotype of hepatitis C of any Impact in this study? 5. The authors should cite and discuss one of the latest manuscript by Buechter M. et al. investigating Spleen stiffness and HVPG after TIPS implantation.

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