



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 48729

**Title:** Characterization of patients with both alcoholic and nonalcoholic fatty liver disease in a large United States cohort

**Reviewer’s code:** 02926997

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer’s country:** Iran

**Science editor:** Li-Jun Cui (Quit in 2019)

**Reviewer accepted review:** 2019-05-26 23:33

**Reviewer performed review:** 2019-05-26 23:54

**Review time:** 1 Hour

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 checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 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**

Dear Associate Editor, Thank you for sending me the article entitled “Characterization



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of Patients with Both Alcoholic and Nonalcoholic Fatty Liver Disease (BAFLD) in a Large United States Cohort” for review. This cross sectional study evaluated the prevalence of NAFLD, ALD, and BAFLD in a cohort of American population. It also compared the degree of liver fibrosis based on a non-invasive model between NAFLD and BAFLD. The study concluded that a significant percentage of the American general population is afflicted by BAFLD and these patients tend to have more advanced liver fibrosis. There are some comments as the followings: 1- To clarify the possibility of selection bias, Please explain the National Health and Nutrition Examination Survey (NHANES) program (or at list reference to define the method of patient selection criteria). 2- Please refer to the Ethical considerations of the study. 3- Please do not duplicate the data of tables in the text in result section. 4- Please delete the table 3 and just define data in the text.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- Duplicate publication
- Plagiarism
- No

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 48729

**Title:** Characterization of patients with both alcoholic and nonalcoholic fatty liver disease in a large United States cohort

**Reviewer’s code:** 02460576

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer’s country:** China

**Science editor:** Li-Jun Cui (Quit in 2019)

**Reviewer accepted review:** 2019-05-25 12:00

**Reviewer performed review:** 2019-05-29 08:53

**Review time:** 3 Days and 20 Hours

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 checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" 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 study assessed the clinical characteristics of patients with both alcoholic and



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nonalcoholic fatty liver disease in a large cohort, and the results showed that the prevalence of BAFLD is relative higher in America and patients with BAFLD have more advanced liver fibrosis than NAFLD patients. This study was interesting and the subjects were large. However, some defects could not be ignored. 1. How do the authors to distinguish the NAFLD and BAFLD? In my opinion, fatty liver disease may be caused by nonalcoholic factors or alcohol, but how to define the fatty liver disease was caused by both nonalcoholic factors and alcohol? Please explain it detailed. 2. If all the BAFLD patients were had either MetS or type 2 diabetes or part of them had the MetS or type 2 diabetes? 3. In this study, NAFLD was diagnosed based on elevated alanine aminotransferase and overweight or obese, so the accuracy of NAFLD diagnosis may be suspectable. 4. If the age, sex of subjects in NAFLD group or BAFLD group were comparable? The authors should show them in table or described them in the results section. 5. In the table 1, the prevalence of ALD is 0.40, the prevalence of BFLD is 0.84, whether it meaning that single alcohol-leaded fatty liver disease is less than the fatty liver disease which caused by nonalcoholic factor and alcohol?

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[ ] Plagiarism

[ Y ] No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 48729

**Title:** Characterization of patients with both alcoholic and nonalcoholic fatty liver disease in a large United States cohort

**Reviewer’s code:** 03262644

**Position:** Editorial Board

**Academic degree:** FEBG,MD,PhD

**Professional title:** Associate Professor

**Reviewer’s country:** Bosnia and Herzegovina

**Science editor:** Li-Jun Cui (Quit in 2019)

**Reviewer accepted review:** 2019-05-24 04:00

**Reviewer performed review:** 2019-06-12 15:51

**Review time:** 19 Days and 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" type="checkbox"/> Anonymous
<input checked="" 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 interesting study conducted over the significant number of subjects addressing an



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important question of the prevalence and clinical featured of NAFLD in general population. In addition the authors have tried to address the issue of overlapping of NAFLD with excessive alcohol consumption which is frequently seen in NAFLD patients. The results are interesting, but to accept them as relevant and reliable several methodological issues should be clarified by the authors. Subjects, page 7: Definitions of NAFLD and BAFLD are not entirely clear to me. NaFLD has been defined as presence of BMI>25+ elevated ALT (>30 in M; >19 in F), which is acceptable in my opinion. With this definition significant number of patients with NAFLD and non-elevated ALT was missed and therefore this definition has its limitations. Which is more confusing to me is the definition of BAFLD. To be consistent I would have expected to define BAFLD as NAFLD+ heavy alcohol intake. However, in this study the diagnosis of BAFLD was narrowed by adding the presence of MetS or T2DM. I would expect that by narrowing BAFLD to only those patients with MetS or T2DM a certain number of patients would be missed as well. Also, the presumed severity of BAFLD should by definition be expectedly higher. This might have led to potentially underestimated prevalence of BAFLD. Authors should explain why did they decide to use such a definition of BAFLD. Subjects, page 8: Which definition of MetS was used for this study? Results, page 9 and Table 2: In line with the previous comment, it is confusing to me to compare NAFLD to BAFLD patients when all BAFLD patients by definition had presence of MetS or T2DM. Therefore, one should expect higher prevalence of the components of MetS and for T2DM in BAFLD group and for this reason I believe it is wrong to compare the presence of these components between 2 groups. Prevalence of Advanced Fibrosis (AF) in Patients with NAFLD and BAFLD, page 10: Why did the authors use 2.67 cut-off as the threshold for advanced fibrosis? Why not 3.25? Even with this higher cut-off value PPV is weak of only around 50%..this should be also highlighted as limitation. Otherwise, FIB-4 is best used to rule-out



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advanced fibrosis (at cut-off value of 1.3). Authors are kindly asked to compare their results on the estimates prevalence of advanced fibrosis in NAFL population to the existing data from other studies. The figures reported here seem to be too low.

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