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## PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 64958

**Title:** Assessing the prognosis of cirrhotic patients in the ICU - what we know and what

we need to know better.

Reviewer's code: 02663375 Position: Editorial Board Academic degree: MD

Professional title: Academic Research, Doctor

Reviewer's Country/Territory: Italy

**Author's Country/Territory:** Brazil

Manuscript submission date: 2021-02-25

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-17 12:20

Reviewer performed review: 2021-03-17 18:53

**Review time:** 6 Hours

| Scientific quality       | [ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish                               |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                                  |
| Re-review                | [Y] Yes [] No  |
| Peer-reviewer statements | Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No  |



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## SPECIFIC COMMENTS TO AUTHORS

I'd like to congratulate the Authors for this thorough review. I enjoyed reading it.



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## PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 64958

Title: Assessing the prognosis of cirrhotic patients in the ICU - what we know and what

we need to know better.

Reviewer's code: 02861189

**Position:** Peer Reviewer **Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2021-02-25

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-17 11:11

Reviewer performed review: 2021-03-30 23:06

**Review time:** 13 Days and 11 Hours

| Scientific quality          | [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish                               |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                                   |
| Re-review                   | [Y]Yes []No  |
| Peer-reviewer<br>statements | Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No  |



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## SPECIFIC COMMENTS TO AUTHORS

I found the review submitted by da Silveira et al. very interesting, pointing the focus on a highly specific and still open problem that may cause over- or undertreatment of patients with cirrhosis in the ICU setting. Therefore I hope to see this review published, aware of the lack of conclusive data on this issue, in order to estimulate (especially in the ICU healthcare professionals) research to better define strong and sound criteria useful to guide the therapeutic effort on this kind of patients. I have some minor points that I'd like to underline to the authors, in order to attemp to ameliorate their work: 1. abstract: I found the abstract somehow duoble-faced, a quite "light" and dataless summary of the review but with a strong conclusion, maybe even stronger that the one of the review itself. I think that the abstract should be better structured, with some numeric data and I advice to lighten the conclusion, in order to better accord it with the true conclusion of your job 2. In the third line of the "introduction" I hated to read "B and C viruses"!!! Why don't you call them with their proper name HBV and HCV?!? 3. Aware of the uncertain field on which you're walking, I suggest you to avoid too strong words such "hopeless": you are performing a review with data not so univocal to afford you to use such kind of terms 4. About the overview on cirrothic patients admitted to ICU: I found this paragraph somehow useless and "old"...I appreciate the idea of better define the object of your review but I found it quite verbose and out of focus. I suggest you a shorter analysis of the issue, with more numerical data (in this field good EBM works don't lack) and a more up-to-date bibliography. Then I suggest you to shorten the sections about various decompensations of cirrhosis and to emphasize with high-quality EBM data the section about mortality, not just "long term" but even "ICU mortality", "28-days mortality", "in-hospital mortality", "3-months mortality", "6-months mortality", "1-year mortality" and the respective strong predictive factors 5. I don't know the entity DMOS:



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can you better define it in your article? 6. I found the proposed algorithm for short-term mortality prognostic scroes (Figure 1) too much: I agree with the effort to emphasize and to underline the importance of a dynamic evaluation of the patients, but I think that the available data are nowadays too scarce to permit us to elaborate such an algorithm