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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 65901

Title: Covid 19 emergency: changes in quality of life and clinical management in patients with chronic liver diseases

Reviewer's code: 03700188
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Assistant Professor, Attending Doctor
Reviewer's Country/Territory: Brazil
Author's Country/Territory: Italy

Manuscript submission date: 2021-03-17
Reviewer chosen by: Man Liu
Reviewer accepted review: 2021-03-19 10:32
Reviewer performed review: 2021-03-19 21:52
Review time: 11 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

1 Title. The reflects the main subject of the manuscript. 2 Abstract. The abstract summarizes and reflects the work described in the manuscript. 3 Key words. The key words reflect the focus of the manuscript 4 Background. The manuscript adequately describes the background, present status and significance of the study. 5 Methods. The manuscript describes methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail. 6 Results. The research objectives were achieved by the experiments used in this study. 7 Discussion. The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. It is important to know the impact of this pandemic in all specific population. 8 Illustrations and tables. the tables were sufficient, good quality and appropriately illustrative of the paper contents. 9 Biostatistics. The manuscript met the requirements of biostatistics. 10 References. There are few references. It would be good to know a little more references about this subject. 11 Research methods and reporting. Authors prepared their manuscripts according to STROBE Statement. 12 Ethics statements. The manuscript met the requirements of ethics.

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 65901

Title: Covid 19 emergency: changes in quality of life and clinical management in patients with chronic liver diseases

Reviewer's code: 02541712
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Associate Professor, Chief Physician
Reviewer's Country/Territory: Slovakia
Author's Country/Territory: Italy
Manuscript submission date: 2021-03-17
Reviewer chosen by: Man Liu
Reviewer accepted review: 2021-03-21 08:46
Reviewer performed review: 2021-03-21 10:02
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] 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

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SPECIFIC COMMENTS TO AUTHORS

Interesting study on the impact of the COVID19 situation in the hardly hit area on the care for patients with chronic liver disease. I read with interest the results which are important in understanding of how the unprecedented situation has affected patients' lives and the quality of care. Such reports are needed for the regulators to understand the need to be prepared for the pandemic situation. I have no concerns or objections, the study on a relatively small number of patients is well written, the message is clear. The findings could probably be generalized to ohter areas or countries, and perhaps other specialties or diseases (is there data on that?). What is missing, is the brief but clear suggestions of authors how to manage the situation, what are the necessary steps to be taken rapidly, when such a lockdown would take place in the future. In other words, authors opinion on how, with the same personal resources, the outpatient clinic should transform itself at the moment of lockdown. Which services should be maintained and which should be transfromed. Does their institution have a plan now what should be done, should there be one?

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 65901

Title: Covid 19 emergency: changes in quality of life and clinical management in patients with chronic liver diseases

Reviewer's code: 05662446
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Switzerland

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-19 07:49

Reviewer performed review: 2021-04-07 13:19

Review time: 19 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] 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: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Thank you very much for giving me the opportunity to read your manuscript. The hypothesis that the lockdown measures significantly impact on mental health and medical adherence of patients with CLD is important. The authors demonstrate that lockdown meaasures have a significant impact especially on their patients suffering from chronic liver disease. I am not sure whether the first part of the questionnaire where all the questions start with "are you aware of" leads to a reliable dataset or whether the mode of questionning is too suggestive. The standardized questionnaire of the second part is demonstrated in subscores, the formal analysis with paired t-test including repetitive testing without formal correction might lead to an overestimation of the effects. 1. Title. Does the title reflect the main subject/hypothesis of the manuscript? The title does not reflect that this study has been an observational study of the outpatients belonging to a single center, perhaps the authors could add this information 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes, however, it would be great to know the exact time frame between first and second questionnaire (mean +/- SD). Perhaps the total scores of CLDQ-1 could be mentioned as well. 3 Key words. Do the key words reflect the focus of the manuscript? Perhaps the authors want to add “chronic Liver disease questionnaire” or “CLDQ-1”, up to my mind it would be more specific than “autoimmune diseases or Surveys and Questionnaires” 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Perhaps the authors could provide some details (publications) concerning the change of health related quality of life during/before and after the COVID-pandemic and in how far patients with chronic diseases are more severely affected. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail?

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How the first part of the questionnaire has been developed? Could it be that the question "Are you aware of.." might be suggestive to answer with "yes"? I would suggest to further discuss this issue, at least in the discussion section. Do you know comparable publications where this kind of questionnaire yielded to different results? Why have the authors decided not to provide the total scoring of CLDQ-1 and how did they adjust for repetitive testing (Bonferroni oä), when assessing all the subscores separately? Maybe multivariate regression considering time as a variable might be an approach? Might it be possible to provide a figure visualizing the whole timeline including first and second time point of the questionnaire? Is it correct that the questionnaire prior to the implementation of the lockdown-strategy the questionnaire has been answered face-to-face while at the second time point it has been done via telemedicine? Is it possible to discuss potential bias of the results depending on the manner how questions are posed, such as the "White-coat effect"? 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? The mean score of all reported domains (1,5,17) have been much better compared to the validation study of Rucci which you also cited, do you have an explanation for this? Do you know the reasons for death in your deceased persons, is the ratio appropriate for this evaluated time frame? 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Yes, however, there are several aspects which could be inspiring. The authors write that their patients "correctly used personal protective equipment ….", I suggest to formulate it with more caution, because the correct use has been self-reported for example: the patients reported to correctly apply… You rise concerns concerning the

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fact that your patients considered changing their medication autonomously, could you further discuss this issue? How high is the percentage without COVID in your population? Several studies suggest that roughly 50% of chronic diseased adhere to their prescribed medication schemes for example: Sabaté E, ed. Adherence to Long-Term Therapies: Evidence for Action. Geneva, Switzerland: World Health Organization; 2003 2. Lee JK, Grace KA, Taylor AJ. Effect of a pharmacy care program on medication adherence and persistence, blood pressure, and low-density lipoprotein cholesterol: a randomized controlled trial. JAMA. 2006;296(21):2563-2571 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? I recommend an additional figure demonstrating the time line In my version the figure legends are not completely displayed for example the numbers are not explained 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? There seems to be repetitive testing of various subscores without adaptation of the level of significance and no statement concerning this issue in the discussion. Total scores have not been compared but several subscores independently 10 Units. Does the manuscript meet the requirements of use of SI units? n.a. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? I miss the original references analyzing the effect of COVID on patients with liver diseases such as the study of Rentsch et al. which represents the largest study of the Kovalic metaanalysis (potentially also Shah et al and/or Zhu et al 2020). 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? It is clearly written and organized. It would be interesting to know more about the differences between the organization in Italy compared to other

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countries. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? The biostatistics review certificate contains the informed consent form The Institutional Review Board Approval Form or Document contains the recommendations to protect against COVID19 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? In my account this is not available (see above)

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 65901

Title: COVID-19 emergency: Changes in quality of life perception in patients with chronic liver disease-An Italian single-centre study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03700188
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Assistant Professor, Attending Doctor
Reviewer's Country/Territory: Brazil
Author's Country/Territory: Italy

Manuscript submission date: 2021-03-17

Reviewer chosen by: Han Zhang (Online Science Editor)

Reviewer accepted review: 2021-09-17 04:03

Reviewer performed review: 2021-09-17 04:55

Review time: 1 Hour

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

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

SPECIFIC COMMENTS TO AUTHORS

Congratulations to the authors for the theme. For good disease control, mental health care is important and often neglected. The article brings as a new fact the possibility of increasing the offer of care by mixing face-to-face care and telecare for patients who are stable. For low- or middle-income countries, this makes it possible to increase the number of patients with access to the specialist. Another interesting fact is that talking to the specialist was considered a nurturing for some patients.