

## PEER-REVIEW REPORT

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

**Manuscript NO:** 82660

**Title:** Comparison Between MAFLD and NAFLD; From Nomenclature to Clinical Outcomes: A Review Article.

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06413685

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-12-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-03 08:48

**Reviewer performed review:** 2023-01-11 07:50

**Review time:** 7 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Dear authors, First of all, I am appreciated your qualified manuscript. MAFLD is new terminology to define NAFLD. There isn't enough manuscript using this new terminology in the literature. It will be important that describe the similarities and differences between the two terminologies. Your manuscript examined all points from diagnosis to management of MAFLD/NAFLD. In addition, you indicated some differences such as diagnosis criteria between the two terminologies. However, I realized that you didn't focus on nutritional risk factors and nutritional management in your article. You can see my suggestions below. After you will make these corrections, I think your article will be even more valuable. You indicated nutritional risk factors with only a sentence in part of the lifestyle and dietary habits. Please give more details. There is a gap in nutritional risk factors and nutritional therapy in guidelines related to NAFLD/MAFLD. But you can add the results of some high-quality articles involving individuals with NAFLD/MAFLD. And you can give some mechanisms about how these nutritional factors (fructose, saturated fat, etc.) affected the pathogenesis of this disease. I wrote some articles you can use in below: - Guveli, H., Kenger, E. B., Ozlu, T.,

Kaya, E., & Yilmaz, Y. (2021). Macro-and micronutrients in metabolic (dysfunction) associated fatty liver disease: Association between advanced fibrosis and high dietary intake of cholesterol/saturated fatty acids. *European Journal of Gastroenterology & Hepatology*, 33(1S), e390-e394. - Hydes, T., Alam, U., & Cuthbertson, D. J. (2021). The impact of macronutrient intake on non-alcoholic fatty liver disease (NAFLD): too much fat, too much carbohydrate, or just too many calories?. *Frontiers in nutrition*, 8, 640557. - Zolfaghari, H., Askari, G., Siassi, F., Feizi, A., & Sotoudeh, G. (2016). Intake of nutrients, fiber, and sugar in patients with nonalcoholic fatty liver disease in comparison to healthy individuals. *International Journal of Preventive Medicine*, 7. You indicated the importance of weight loss with nutritional therapy in part of lifestyle modifications. Guidelines showed that weight loss is a cornerstone in the management of the disease. But how the patients will lose weight? Which diets they will follow during their weight loss process? How should be macronutrient composition of their diet? What are scientific articles indicate to us? What will normal and lean-weight patients do for the management of the disease? Do they need to lose weight too? Answers to these questions aren't written in the guidelines. Please give more information. You can add results of some high-quality articles involving individuals with NAFLD/MAFLD. I wrote some articles you can use below: Hamurcu Varol, P., Kaya, E., Alphan, E., & Yilmaz, Y. (2020). Role of intensive dietary and lifestyle interventions in the treatment of lean nonalcoholic fatty liver disease patients. *European journal of gastroenterology & hepatology*, 32(10), 1352-1357. Riazi, K., Raman, M., Taylor, L., Swain, M. G., & Shaheen, A. A. (2019). Dietary patterns and components in nonalcoholic fatty liver disease (NAFLD): what key messages can health care providers offer?. *Nutrients*, 11(12), 2878. Haigh, L., Kirk, C., El Gendy, K., Gallacher, J., Errington, L., Mathers, J. C., & Anstee, Q. M. (2022). The effectiveness and acceptability of Mediterranean diet and calorie restriction in non-alcoholic fatty liver disease (NAFLD): A systematic review and



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meta-analysis. Clinical Nutrition. Ozlu, T., Yilmaz, Y. U. S. U. F., & Gunes, F. E. (2021).  
The effects of dietary intervention on fibrosis and biochemical parameters in  
metabolic-associated fatty liver disease. Minerva gastroenterology.

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**Reviewer's code:** 02445854

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant Professor

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

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**Reviewer chosen by:** AI Technique

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**Review time:** 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is a well-written paper and the topic is of great interest. These are my comments:

-The article that proposed the MAFLD terminology in 2011 must be cited. -It is unclear whether MAFLD includes alcoholic liver disease. Please clarify. -ARFI-based techniques, either pSWE or 2D-SWE, are used for the non-invasive assessment of liver fibrosis. Even though the literature is scarce for the assessment in NAFLD cases, it is incorrect to state that only TE (Fibroscan) is available in this setting.