

## PEER-REVIEW REPORT

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

**Manuscript NO:** 83109

**Title:** Peptic ulcer disease in non-alcoholic fatty liver disease hospitalizations: A new challenge on the horizon in the United States

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

**Peer-review model:** Single blind

**Reviewer's code:** 03666123

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

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

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

**Manuscript submission date:** 2023-01-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-13 14:38

**Reviewer performed review:** 2023-01-22 15:39

**Review time:** 9 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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

The manuscript is quite descriptive and depicts lot of hrd work done by the authors in compilation of data. The rise in cases over 10 years is only 60 so one can put it as there is no decline in cases of PUD with NAFLD as oppose to mentioning rise in no's. Also kindly state the reason of decrease mortality in whites even though there is rise in no's as compared to blacks. Kindly make the description more specific and short with to the point statements and in the end give suggestions whether regular endoscopy in NAFLD is justified to treat them at an early stage

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**Reviewer's code:** 04091933

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Senior Researcher

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

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

**Manuscript submission date:** 2023-01-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-02-06 07:19

**Reviewer performed review:** 2023-02-19 07:58

**Review time:** 13 Days

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
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<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

The topic of the manuscript is relevant, since the burden of comorbidity in the world is high, including diseases of the digestive system. The authors for the first time assessed trends in hospitalizations and outcomes of hospitalizations for NAFLD with PUD. The authors found an increase in total hospital admissions and all-cause inpatient mortality in NAFLD with PUD hospitalizations and a growing trend towards NAFLD with PUD hospitalizations among Hispanics, which requires attention and further study. In addition, compared with hospitalizations for PUD without NAFLD, hospitalizations for PUD with NAFLD had lower all-cause inpatient mortality, mean length of stay, and mean total healthcare cost. Importantly, the authors showed that the incidence of H. pylori infection does not increase with the increase in NAFLD. The literature cited is up-to-date and without self-citation. Illustrative material is sufficient and understandable. The conclusion is informative and clear. The manuscript may be recommended for publication as presented, without revision.

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**Peer-review model:** Single blind

**Reviewer's code:** 03262127

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Surgeon

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

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

**Manuscript submission date:** 2023-01-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-02-10 01:37

**Reviewer performed review:** 2023-02-19 23:31

**Review time:** 9 Days and 21 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>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

The peer-reviewed article is well planned and written. My critical remarks are few and purely technical. We did not find a statistically significant trend for mean LOS and mean THC (Page 11). Abbreviations should be explained at first appearance in the text. These two abbreviations have been explained, but further in the text. ...higher comorbidity burden with a higher proportion of patients with CCI $\geq$  3 (Page 11) - see above. Here, the abbreviation CCI was not explained in full. Journal titles and their abbreviated versions should be presented as in the PubMed database. Hepatol (Ref. 2) - Hepatol Int is right. Hepatology (Baltimore, Md.) (Refs 3, 14) - Hepatology is right. Hepatology Communications (Ref. 17) - Hepatol Commun is right. Nature genetics (Ref. 19) - Nat Genet is right. All references must be formatted in strict accordance with the Instructions for Authors! Here, all parts of the cited works are in simple type, while there should be special typing of the names of authors and Titles of journals. To be corrected. Native America (Table 4) - maybe, Native American is right, however, I'm not entirely sure about that. In the titles of the tables, the terms NAFLD and PUD are repeatedly presented both in full and in abbreviated form. Apparently, it is quite enough to use

here abbreviated versions only. However, apparently, the correction of these inaccuracies does not require the participation of the Authors and can be done by in-house editing.