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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
ESPS Manuscript NO: 4716
Title: The prognostic significance of nonalcoholic fatty liver disease in patients with acute ischemic stroke
Reviewer code: 00069467
Science editor: Wen, Ling-Ling
Date sent for review: 2013-07-18 15:34
Date reviewed: 2013-07-24 13:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

There are still some concerns need to be addressed prior to publication, which are listed below. (1)There is no mention that whether or not the present study was approved by the local medical ethic commission in materials and methods section; (2)The novelty might be discounted by the earlier report by Ying I et al in the form of letter to the editor (Ying I et al, Epidemiology. 2011; 22(1):129-30). Suggest reference it where appropriate; (3)The conclusion arrived by the authors that "NAFLD is not associated with more severe stroke" is at best suggestive rather than conclusive. It would be more careful to replace the word "is" with "may/might be" , especially given the different criteria of NAFLD adopted could lead to different statistical results; (4)The findings of article don't seem to show what the title suggests. Of note, "prognosis" and "outcome" are two different words with distinction meaning which shouldn't be confused; (5)More comments should be given revolving around the connection between fatty liver disease and stroke/cardiovascular disease, instead of separately discussing the findings concerning the two diseases; (6)Thus, some references associated with fatty liver disease and stroke/cardiovascular disease had better be included and inserted in the discussion part: Ying I, Saposnik G, Vermeulen MJ, et al,. Nonalcoholic fatty liver disease and acute ischemic stroke. Epidemiology. 2011;22(1):129-30. Targher G, Bertolini L, Poli F, et al. Nonalcoholic fatty liver disease and risk of future cardiovascular events among type 2 diabetic patients. Eur Rev Med Pharmacol Sci. 2005; 9: 269-271. Sookian S, Pirola CJ. Non-alcoholic fatty liver disease is strongly associated with caroid atherosclerosis: a systemic review. J Hepatolo. 2008; 49: 600-607. Hamaguchi M, Kojima T, Takeda N, et al. Nonalcoholic fatty liver disease is a novel predictor of cardiovascular disease. World J Gastroenterol. 2007; 13: 1579-1584.

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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
ESPS Manuscript NO: 4716
Title: The prognostic significance of nonalcoholic fatty liver disease in patients with acute ischemic stroke
Reviewer code: 02456047
Science editor: Wen, Ling-Ling
Date sent for review: 2013-07-18 15:34
Date reviewed: 2013-08-31 02:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

1. The rationale of this study should be strengthened in the introduction. The authors should include a paper from Ying et al. (2011) to argue why this present study is needed. Reference: Ying I, Saposnik G, Vermeulen MJ, Leung A, Ray JG. Nonalcoholic fatty liver disease and acute ischemic stroke. Epidemiology. 2011 Jan;22(1):129-30. doi: 10.1097/EDE.0b013e3181feb50a. 2. The authors used ALT values to determine the group of NAFLD. However, Mofrad et al. (2003) found that many individuals with the entire histological spectrum of NAFLD have normal ALT values. Also, It has been suggested that the normal limits for ALT values should be revised and be lowered. So, first, it is unclear to what extent the upper limit of ALT values were used in this present study. second, is it really appropriate to use ALT values? Any histological examinations were used to more accurately determine the group of NAFLD? Such as ultrasonography, CT or MRI? Reference: Mofrad P, Contos MJ, Haque M, Sargeant C, Fisher RA, Luketic VA, Sterling RK, Shiffman ML, Stravitz RT, Sanyal AJ. Clinical and histologic spectrum of nonalcoholic fatty liver disease associated with normal ALT values. Hepatology. 2003 Jun; 37(6):1286-92. 3. The sample size of the NAFLD group is very small and it is about 10% of the non-NAFLD group. Is it really meaningful to compare these two groups from the statistical standpoints? Can the authors expend their sample size for the NAFLD group? 4. Were the authors able to use a quantitative index to present the severity of the NAFLD? Then conduct correlation or prediction between this index with the scores of the outcome measures?

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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
ESPS Manuscript NO: 4716
Title: The prognostic significance of nonalcoholic fatty liver disease in patients with acute ischemic stroke
Reviewer code: 02518353
Science editor: Wen, Ling-Ling
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
This is an interesting article; even though the results are negative because NAFLD is addressed in acute stroke patients. There are some points that may improve the manuscript. 1. Triglyceride level is a Tg? 2. How many patients who did not drink alcohol at all in the NAFLD group? If re-analyze with this definition, any differences? My understanding is that NAFLD should be diagnosed in patients without alcohol consumption at all. 3. Even though there is no significant factors in both outcome analysis, multiple logistic analysis should be done with those factors with p value less than .20 by descriptive analysis. You may find some significant factors.