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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
ESPS Manuscript NO: 9055
Title: The challenge of liver disease in lupus: clues for diagnosis and hints for pathogenesis
Reviewer code: 00505807
Science editor: Zhai, Huan-Huan
Date sent for review: 2014-01-18 20:12
Date reviewed: 2014-01-19 07:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] 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	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

A comprenhensive review with minor grammatical mistakes. In the section about Lupus hepatitis the authors do not adress the importance of discussion about the different methodologies available to detect what they called anti-P antibodies, more correct anti ribosomalP or anti-riboP antibodies. They talk about very insensitive methods like immunodiffusion and IIF. First of all when we talk about the pattern of AAN by IIF is just a whole topic to discuss in detail, since the pattern of AAN and anti riboP antibodies is usualy a fine specled pattern in patients with positivity of AAN, so they can not talked about immunodifussion and AAN like if they were both methods to detect the specific presence of anti ribosomal P antibodies. Besides, it is important the authors include a paper published by Carmona Fernandes D in 2013 where he explored the Anti-ribosomal P protein IgG autoantibodies in patients with systemic lupus erythematosus: diagnostic performance and clinical profile.In this paper it is states the specificity, sensitivity, positive likelihood ratio, and negative likelihood ratio of anti-Rib-P for SLE diagnosis were 99.4%, 14.2%, 23.7%, and 0.86%, respectively.Caucasian ethnicity was associated with lower anti-Rib-P antibody levels. No relation was found between anti-Rib-P levels and clinical features and they tested these antibodiess using ELISA. Also it is important that they looked for papers where the anti ribosomal P antibodies are detected by the most reliable method such as immunoprecipitation for protein and for RNA and protein complexes to see which is the more accurate method to suggest to the readers as the best method published in relation to SLE and liver damage or different liver autoimmune conditions. When they talked about CBP it is important to include the well known AMA antibodies as the more important ones to differentiate the liver damage as CBP or other conditions. For the rest of the review

I consider a good source of information for the readers.

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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
ESPS Manuscript NO: 9055
Title: The challenge of liver disease in lupus: clues for diagnosis and hints for pathogenesis
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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	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

An interesting study,I enjoyed it. first ? think the paper needs to be proofread for some spelling and grammar errors. See my other comments: SLE was diagnosed in (2.8%) of AIH-PBC overlap patients and this should be cited(Efe C,Eur J Gastroenterol Hepatol. 2012 May;24(5):531-4.) Related this one, antidsDNA which is known to be strongly associated with SLE, were detected in 60% and 56% of patients with AIH-PBC(Muratori P, Am J Gastroenterol 2009; 104:1420–1425, Efe C,Am J Gastroenterol. 2010 Jan;105(1):226. Ds-DNA were also found to be associated with poor response in AIH(Czaja AJ,Hepatology. 1997 Sep;26(3):567-72.) The association between PBC and SLE is thought to be rare but 27 cases had also SLE among 1032 PBC patients(Gershwin ME, Hepatology 2005; 42:1194–1202.) similary, anti-dsDNA were detected in 22% of pure PBC patients(Agmon-Levin N,J Autoimmunity 2010;34:55–8.)

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ESPS Peer-review Report
Name of Journal: World Journal of Hepatology
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Title: The challenge of liver disease in lupus: clues for diagnosis and hints for pathogenesis
Reviewer code: 00543189
Science editor: Zhai, Huan-Huan
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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	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)		BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

The manuscript "The challenge of liver disease in lupus: clues for diagnosis and hints for pathogenesis" presents a good review on this clinical manifestation of systemic lupus erythematosus and may be a useful reference for people interested in this theme. Nonetheless, some points need revision. Comments 1. Please change lupus by systemic lupus erythematosus in the title. 2. Although the review documented good studies on SLE, the authors must present the criteria used for their selection (English articles, citation, number of patients, impact factor of the journals?). 3. Findings of altered unspecific laboratory tests as liver enzyme tests is the basis of this review. In addition, some studies as those investigating the involvement of anti-ribosomal P antibodies in SLE liver disease were performed using not well-standardized homemade immunoassays, and did not investigate the influence of environmental factors on the levels of these autoantibodies in patient population. Thus, studies that investigated liver histology of the SLE patients presenting abnormal results of liver laboratory tests are more clinically consistent. 4. The association of SLE with chronic hepatitis C virus infection is anecdotal. NOSA production (e.g., ANA, SMA and aCL) in chronic hepatitis C has been associated with B cell dysfunction due to HCV lymphotropic property and the occurrence of antigen mimicry in chronic HCV infection. On the other hand, cryoglobulinemia is the main cause of glomerulonephritis and vasculitis in patients with chronic HCV infection. In addition, this infection can be easily excluded in SLE patients using routine anti-HCV serology and, HCV-RNA tests. 5. Drug hepatotoxicity is a predictable finding in patients treated for different autoimmune and non-autoimmune diseases. Therefore, the authors need to compare the prevalence of drug hepatotoxic events in SLE patients with those reported in patients suffering from other autoimmune

diseases treated with the same medications, mainly rheumatoid arthritis. On the other hand, the immune response of self-reactive lymphocytes for liver antigens and the genetic background of the patients need to be considered in these studies of drug hepatotoxicity in SLE subjects. Please include this limitation in their review.