

#### PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 77596

Title: Nonalcoholic steatohepatitis and Hepatocellular carcinoma- Beyond the

boundaries of Liver

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04213276n

Position: Peer Reviewer

Academic degree: MD, MSc

**Professional title:** Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: India

Manuscript submission date: 2022-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-22 09:44

Reviewer performed review: 2022-05-22 10:12

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	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) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection	
Re-review	[Y] Yes [] No	



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Peer-reviewer

Peer-Review: [Y] Anonymous [ ] Onymous

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

#### SPECIFIC COMMENTS TO AUTHORS

The author delves further into subjects that were summarily investigated in the orignal manuscript, such as the molecular characteristics of NAFLD-related HCC, the effect of environmental pollutants and diabetes medication. However, The points raised by this letter are not clearly defined. Apart from the question regarding the frequence of MRI screening in patients that cannot be evaluated with US, the author does not raise specific points and does not offer any alternate recommendations. Suggestions from the author regarding real-life use of these findings would greatly boost the chances of this letter being published.

### Reply

In NASH-HCC abbreviated MRI as a screening tool for HCC is not a practical solution as it will involve issues related to availability, cost, when during the clinical course of NASH screening for HCC should be indicated and how frequently should it be repeated. Additionally, metabolic syndrome, diabetes and obesity are risk factors for other cancers also. Taking a holistic approach, we must look towards molecular signatures in large population-based studies across different geographical regions for screening carcinomas at different sites in body. This will reduce the cost and improve the compliance of patients.



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Peer-review model: Single blind

Reviewer's code: 05038583
Position: Peer Reviewer
Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2022-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-24 13:28

Reviewer performed review: 2022-05-24 14:07

Review time: 1 Hour

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	
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Peer-reviewer

Peer-Review: [Y] Anonymous [ ] Onymous

statements

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

#### SPECIFIC COMMENTS TO AUTHORS

General comment This is a letter to the editor of the article published by Chrysavgis et al. From the literature and this peer reviewer's clinical experience. It is crucial to recognize NASH and HCC risks. Unfortunately, the current guideline does not recommend HCC surveillance in NASH patients without advanced fibrosis. I agree with the concern raised by these authors. Cost-effectiveness is a serious concern in implementing screening and surveillance guidelines. The proposed algorithm may not be appropriate to implement from this perspective. I agree with the comments on the need for cancer screening strategies for different carcinoma at once, but I am not sure if the author of the original article can conclude this based on current studies. It is also ideal to recommend multidisciplinary approaches for NAFLD/NASH patients, but it may be challenging to implement due to cost concerns and the number of patients we have with NAFLD/NASH. Minor comment "etc." should be avoided in an academic paper.

#### Reply

Accepted the points.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03845518 Position: Editorial Board Academic degree: MD, PhD

**Professional title:** Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: India

Manuscript submission date: 2022-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-22 11:03

Reviewer performed review: 2022-05-26 20:06

**Review time:** 4 Days and 9 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 [ ] Grade B: Minor language polishing [ Y] 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	[ ]Yes [Y]No



Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

#### SPECIFIC COMMENTS TO AUTHORS

This is an interesting letter to the Editor on an important topic. Could the authors please respond to the following questions: 1) The paper could benefit from significant editorial language assistance 2) The authors mention the value of molecular screening. They may wish to briefly discuss the challenges involved with that strategy 3) The authors although they discuss a multi-prong strategy, they do nor mention bariatric surgery and its potential. They should also consider mentioning liver transplantation

# Reply

- 1) Point accepted.
- 2) The challenges involved are large population-based studies in different geographical regions, mapping of molecular signatures and implementation. It has to be cost effective, readily available and easily accessible.
- 3) The review has focused on strategies for risk stratification, screening and surveillance strategies. The bariatric surgery focuses on management in NASH and prevention of HCC.
- 4) Point accepted.



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Title: Nonalcoholic steatohepatitis and Hepatocellular carcinoma- Beyond the

boundaries of Liver

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03647881 Position: Editorial Board Academic degree: MD, PhD

**Professional title:** Associate Professor, Attending Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: India

Manuscript submission date: 2022-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-23 00:50

Reviewer performed review: 2022-05-28 00:32

**Review time:** 4 Days and 23 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
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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

## SPECIFIC COMMENTS TO AUTHORS

No comments