

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 24060

Title: Combined ARFI and APRI assessment shows enhanced diagnostic accuracy than ARFI, APRI and Forns index method for non-invasive hepatic significant fibrosis grading in hepatitis B patients

Reviewer's code: 01800329

Reviewer's country: India

Science editor: Yuan Qi

Date sent for review: 2016-01-08 10:31

Date reviewed: 2016-01-21 01:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors provide interesting data on the usefulness of ARFI singly and in combination with other indices for the assessment of fibrosis in chronic hepatitis B infection in this paper.

Some important concerns need addressing:

1. "Combined assessments of ARFI + APRI/ARFI +Forns index: A logistic regression analysis model for hepatic fibrosis \geq F2 has been established by using the ENTER method." How were the results of any two tests (e. g. ARFI in m/s and APRI as an absolute value) combined?
2. The results section beginning with "From the result, it showed that the diagnostic performance of ARFI for predicting stages more than F2 was 91% ..." makes for confused reading - with "diagnostic performance", "general effectiveness" "sensitivity and specificity" or "accuracy" for individual stages (e. g. F4), for comparisons between stages (e. g. F1 vs F2), or for cut off of stages (e. g. \geq F2). While table can provide full data, the text to should be simplified to include the most essential information.



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3. The discussion is silent on the authors' results on ARFI in comparison with the results from the literature and why in light of this, we need to combine ARFI with APRI, if at all. In fact the authors refer to a single paper on ARFI to assess fibrosis in HBV infection, that too a passing mention in the introduction. No ref directly related to study results - no discussion on other studies on ARFI in HBV.
4. Were the patients consecutively enrolled?
4. What was the time interval between the liver biopsy and the noninvasive assessment of fibrosis?
5. Our pilot study in healthy volunteers ... similar results with smaller standard deviation (1.08 ± 0.21 m/s vs. 1.11 ± 0.12 m/s). A statistical value should be provide for the comparison.
5. " Inclusion criteria are $18.5 < \text{BMI} < 31$." - Needs correcting.
6. Supplementary Table 1 and the related text are redundant
7. Table 1 Comparison of fibrosis stage with ARFI etc - p value for the post hoc analysis not shown in text or table).
8. Fig 1: Why should there be outliers beyond the range?. Range should include all values, right
9. Table 1: $M \pm Q$ should be expanded to full form
10. My understanding is that a p value of < 0.05 is not acceptable after a Bonferroni test. The authors should seriously look into this.
11. The language needs a lot of polishing.



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Title: Combined ARFI and APRI assessment shows enhanced diagnostic accuracy than ARFI, APRI and Forns index method for non-invasive hepatic significant fibrosis grading in hepatitis B patients

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a good attempt by Dong et al to compare ARF1, APRI and Forns to determine fibrosis stage in chronic HBV patients. As these are not new techniques for fibrosis evaluation and they wanted to establish that combination of ARF1/ APRI and ARF1/ Forns as better non-invasive technique, they should consider transient elastography (TE) data of same patients.



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ESPS manuscript NO: 24060

Title: Combined ARFI and APRI assessment shows enhanced diagnostic accuracy than ARFI, APRI and Forns index method for non-invasive hepatic significant fibrosis grading in hepatitis B patients

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Science editor: Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This paper is well written and addresses a very important point in the assessment of patients with chronic HBV hepatitis. My only comment is that the inclusion criteria specified a liver biopsy sample greater than 20 mm in length but the liver biopsy and staging section states that the samples were 15-20 mm in length. So many of the biopsies would not have been acceptable. This needs to be cleared up.