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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53501

Title: M2BPGi for assessing liver fibrosis in patients with hepatitis C treated with direct-acting antivirals

Reviewer's code: 01548565
Position: Editorial Board
Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: China

Author's Country/Territory: Egypt

Manuscript submission date: 2020-01-04

Reviewer chosen by: Jie Wang

Reviewer accepted review: 2020-01-14 01:13

Reviewer performed review: 2020-01-14 01:31

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Assessing liver fibrosis is important for predicting the efficacy of direct-acting antivirals (DAAs) and patient prognosis. Although a liver biopsy is considered the gold standard for stratifying hepatic fibrosis, its clinical utility is substantially limited because of the invasiveness and the sampling variability. Non-invasive techniques to assess liver fibrosis are becoming important. Recently, serum Mac-2 binding protein glycosylation isomer (M2BPGi) was identified as a non-invasive marker of liver fibrosis. This study investigate the diagnostic accuracy of M2BPGiin assessing liver fibrosis in patients with chronic hepatitis C (CHC)treated with DAAs. In this study, the author enrolled 80 treatment-naïve patients with CHC. For 12 weeks, patients receiveda sofosbuvir/daclatasvir/± ribavirin treatment. All patients achieved SVR12 (100%). Among LSM, FIB-4, PAPAS index and M2BPGi M2BPGi was the best marker to distinguish patients with grade F4 disease, and had the greatest AUC for differentiating This result indicated that M2BPGi is a reliable marker for the non-invasive assessment and prediction of liver fibrosis regressionin patients with CHC who achieveda sustained virologic response with direct-acting antivirals therapy. The manuscript well, concisely and coherently organized and presented and the style, language and grammar accurate and appropriate ,meet the criteria of WJG. As the results, the manuscript meets the requirements of this journal and the conclusion is Accept.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53501

Title: M2BPGi for assessing liver fibrosis in patients with hepatitis C treated with direct-acting antivirals

Reviewer's code: 00032933
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Attending Doctor, Professor, Chief Doctor
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: Egypt

Manuscript submission date: 2020-01-04
Reviewer chosen by: Le Zhang
Reviewer accepted review: 2020-02-15 09:41
Reviewer performed review: 2020-02-15 23:59
Review time: 14 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
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Brief summary The authors collected 80 patients received sofosbuvir/daclatasvir therapy. The fibrosis of these patients was evaluated by serology and elastography before and after therapy. They found that M2BP level correlated with LSM and is a reliable marker for prediction of liver fibrosis regression in patients with CHC. However, there was no histology data available for validation. Comments 1. The abstract is redundancy and should be more concise. 2. The observation period is too short. Addition of data 6 or 12 months after treatment may give a complete story. 3. Only 5 patients in F3 at baseline. The case number is too small. 4. Too much figures and Tables. Figure 1,2,3 and Table 6 may be delated or put them into supplementary data. 5. In Figure 4A, an outlier with LSM around 75 kPa which need to be removed from analysis. 6. Please add age, gender and BMI into Table 1 and remove hemoglobin and WBC from Table 1. 7. Addition of total case number for baseline and SVR 12 in Table 3 will make interpretation easy. 8. In Table 4, the post-treatment SVR12 M2BP level correlated with PLT and spleen size that do correlate with portal hypertension or fibrosis status at this time point. However, serum M2BP protein level correlated with pre-treatment bilirubin and AST levels suggest an association with inflammation. Please make a comment in the discussion. 9. The discussion is poorly arranged with interrupted thought. Please focus on M2BP and removed other unrelated issues.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53501

Title: M2BPGi for assessing liver fibrosis in patients with hepatitis C treated with direct-acting antivirals

Reviewer's code: 01548565
Position: Editorial Board
Academic degree: MD
Professional title: Director
Reviewer's Country/Territory: China
Author's Country/Territory: Egypt

Manuscript submission date: 2020-01-04
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Reviewer accepted review: 2020-04-14 03:53
Reviewer performed review: 2020-04-15 08:25
Review time: 1 Day and 4 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] 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) [ ] Minor revision [Y] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

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Non-invasive techniques to assess liver fibrosis are becoming important for predicting the efficacy of direct-acting antivirals (DAAs) and patient prognosis. In this study, the author found that Serum M2BPGi levels, LSM, FIB-4 and PAPAS index decreased significantly at SVR12. At baseline, M2BPGi was the best marker to distinguish patients with grade F4 fibrosis, patients with grade F2 from grade F0-1 fibrosis, patients with grade F3-4 from grade F0-2 fibrosis, and patients with grade F2-4 from grade F0-1 fibrosis. At SVR12, M2BPGi had the greatest AUCs for differentiating patients with grade F4 fibrosis, patients with grade F3 from grade F0-2 fibrosis, patients with grade F3-4 from grade F0-2 fibrosis, and patients with grade F2-4 from grade F0-1 fibrosis. However, the number of samples is too small in each group (not more than 30 samples) and lack of liver pathological results. In my opinion, Sample cases in each study group will need to increase and part of liver pathological results is required. As the results, the conclusion is major revision.