

PEER REVIEW HISTORY

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Two years on, a perspective on MAFLD |
| AUTHORS | Eslam, Mohammed; George, Jacob |

VERSION 1 – REVIEW

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| REVIEWER 1 | Liu, Mengfei Yale University, USA |
| REVIEW RETURNED | 24-Mar-2023 |

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| GENERAL COMMENTS | <p>General Comments:</p> <p>This review by Drs. Eslam and George is a pleasure to read. Written in an easy to read and approachable tone it delineated the reasoning behind why adaptation of new nomenclature is necessary for NAFLD and how MAFLD terminology has improved our clinical practice and research. I do think this article is of great interest to the general scientific community. Over the last 2 years, the change in terminology of MAFLD has been well-publicized, but the reasons and challenges with the name change is not as well explained. This review does exactly that in a narrative voice, which makes it a compelling and enjoyable read for all readers.</p> <p>Specific Comments:</p> <ol style="list-style-type: none">1. Consider adding a table that outlines the new diagnostic criteria for MAFLD as this is another good opportunity to give a refresher.2. Page 10 line 19, awkward. Change to "To be sure, many knowledge voids have been filled."3. Page 15 line 16, 21, typo, "preserved"4. Page 16 line 8, needs clarification. "This stemmed from the belief that both entities were mutually exclusive." This refers to the initial logic why PPI response was a part of the criteria. However, currently as is, one may conclude that the removal of PPI response was because the entities were mutually exclusive. Reword to "Previous requirement for PPI trial stemmed from" |
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| REVIEWER 2 | Do, Albert Yale University, USA |
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| REVIEW RETURNED | 13-Apr-2023 |
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| GENERAL COMMENTS | <p>Thank you for the opportunity to review Drs. Eslam and George's perspective on MAFLD, from two authors who were among the expert consensus group who originally authored the article proposing the nomenclature change. The most useful aspect of this article is the direct address of counterarguments made against a change in nomenclature (either arguments for keeping the term NAFLD, or arguments against changing term to MAFLD), which I believed was articulated in a thoughtful and effective manner.</p> <p>One minor comment is that the third Key Message "ruling out..." comment does not appear to be a key message I would have taken away from reading the article. By its nature and in its original conception, MAFLD was designed with a set of inclusion diagnostic criteria. Consider perhaps the third key message being something like "MAFLD is a distinct disease which can coexist with other liver diseases including alcohol-related liver disease, and thus necessitates its own set of inclusionary diagnostic criteria which is what had motivated this change proposal"</p> <p>Additionally, regarding the concept of ruling out alternative chronic liver diseases, it could also be considered for the authors to comment upon that ruling out alternative chronic liver disease is important in this disease due to high heterogeneity in clinical phenotype in MAFLD [most patients do not have steatohepatitis and so chronic hepatitis cannot necessarily be assumed to be steatohepatitis in nature as there is no direct test for 'NASH' available]. But still with evidence of steatosis coupled with evidence of hepatitis and metabolic risk factors a positive diagnosis can still be made with an aspect of 'ruling out' alternative disease.</p> <p>I believe that something that would bolster this article would be directly addressing one specific article that is most critical of the nomenclature change, the Hepatology article written by other thought leaders cautioning premature nomenclature adoption [https://doi.org/10.1002/hep.31420]. Most points have been addressed by the authors, one additional point could be expounded upon, specifically the concept of NAFLD now having some increased awareness by non-hepatologist stakeholders and the risk of sowing further confusion by changing the name.</p> |
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

General Comments:

This review by Drs. Eslam and George is a pleasure to read. Written in an easy to read and approachable tone it delineated the reasoning behind why adaptation of new nomenclature is necessary for NAFLD and how MAFLD terminology has improved our clinical practice and research. I do think this article is of great interest to the general scientific community. Over the last 2 years, the change in terminology of MAFLD has been well-publicized, but the reasons and challenges with the name change is not as well explained. This review does exactly that in a narrative voice, which makes it a compelling and enjoyable read for all readers.

Response: We thank the reviewer for his/her positive comments.

Specific Comments:

1. Consider adding a table that outlines the new diagnostic criteria for MAFLD as this is another good opportunity to give a refresher.

Response: A good suggestion that we have incorporated.

2. Page 10 line 19, awkward. Change to "To be sure, many knowledge voids have been filled."

Response: Done.

3. Page 15 line 16, 21, typo, "preserved".

Response: Thanks for picking up this typo, which we have fixed.

4. Page 16 line 8, needs clarification. "This stemmed from the belief that both entities were mutually exclusive." This refers to the initial logic why PPI response was a part of the criteria. However, currently as is, one may conclude that the removal of PPI response was because the entities were mutually exclusive. Reword to "Previous requirement for PPI trial stemmed from"

Response: The sentence has been reworded as suggested.

Reviewer: 2

Comments to the Author

Thank you for the opportunity to review Drs. Eslam and George's perspective on MAFLD, from two authors who were among the expert consensus group who originally authored the article proposing the nomenclature change. The most useful aspect of this article is the direct

address of counterarguments made against a change in nomenclature (either arguments for keeping the term NAFLD, or arguments against changing term to MAFLD), which I believed was articulated in a thoughtful and effective manner.

Response: We thank the reviewer for his/her positive comments.

One minor comment is that the third Key Message “ruling out…” comment does not appear to be a key message I would have taken away from reading the article. By its nature and in its original conception, MAFLD was designed with a set of inclusion diagnostic criteria. Consider perhaps the third key message being something like “MAFLD is a distinct disease which can coexist with other liver diseases including alcohol-related liver disease, and thus necessitates its own set of inclusionary diagnostic criteria which is what had motivated this change proposal”.

Response: Thanks for this great suggestion, which we incorporated.

Additionally, regarding the concept of ruling out alternative chronic liver diseases, it could also be considered for the authors to comment upon that ruling out alternative chronic liver disease is important in this disease due to high heterogeneity in clinical phenotype in MAFLD [most patients do not have steatohepatitis and so chronic hepatitis cannot necessarily be assumed to be steatohepatitis in nature as there is no direct test for 'NASH' available]. But still with evidence of steatosis coupled with evidence of hepatitis and metabolic risk factors a positive diagnosis can still be made with an aspect of 'ruling out' alternative disease.

Response: Thanks for this insightful comment. We fully agree.

I believe that something that would bolster this article would be directly addressing one specific article that is most critical of the nomenclature change, the Hepatology article written by other thought leaders cautioning premature nomenclature adoption [<https://protect-au.mimecast.com/s/sUwQCZY1Nqi7PwANwczC2y6?domain=doi.org>]. Most points have been addressed by the authors, one additional point could be expounded upon, specifically the concept of NAFLD now having some increased awareness by non-hepatologist stakeholders and the risk of sowing further confusion by changing the name.

Response: As the reviewer acknowledges most points have been addressed. We agree that future articles can further enhance this discussion.