OPEN PEER REVIEW

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https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Journal of Skin and Stem Cell
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Peer Review Report for "Prevalence of Non-Alcoholic Fatty Liver Disease (NAFLD) Diagnosed by Controlled Attenuation Parameter on Transient Elastography and Its Predisposing Factors in Psoriasis"

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Review Timeline:

Submit Date: 2 Apr 2020
Revised Date: 14 Apr 2020
Accepted Date: 18 Apr 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0) — 8 Apr 2020

Dear AE,
There are some comments which should be addressed by the author:
- There is no creativity in it and it does not express anything new. but in the conclusion section, the topics are well put together. It was interesting for me that you used Fibro Scan, which seems to be more accurate for detecting NAFLD.
- Please explain more below table 4 about parameters.
- It can be published after minor revision.
Thanks.

REFEREE: Reviewer | Revision (0) — 11 Apr 2020

Dear AE,
The study entitled “Prevalence of Non-Alcoholic Fatty Liver Disease (NAFLD) Diagnosed by Controlled Attenuated Parameter (CAP) on Transient Elastography and Its Predisposing

Factors in Psoriasis" can be accepted after minor revision, because it is valuable for patients with psoriasis who suffer from metabolic diseases including NAFLD.
The context of the paper is good and it has almost all critters for JSSC.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 12 Apr 2020

Dear EIC,
The authors should revise the manuscript based on comments and the pdf file in attachment.
Thanks.

REFEREE: EIC | **Revision** (0) 12 Apr 2020

Dear Author,
The manuscript needs minor revision.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reply to reviewers' comments:

Reviewer 1:
there is no creativity in it and it does not express anything new .but in conclusion section ,the topics are well put together. It was interesting for me that you used Fibro Scan, seems to be more accurate for detecting NAFLD.
please explain more below the table 4 about parameters.
It can be published after minor revision.

Reviewer 2:
The study entitled "Prevalence of Non Alcoholic Fatty Liver Disease (NAFLD) Diagnosed by Controlled Attenuated Parameter (CAP) on Transient Elastography and Its Predisposing Factors in Psoriasis" can be accepted after minor revision, because of it is valuable for patients with psoriasis who suffer from metabolic diseases include NAFLD.
The context of paper is good and it has almost critters for JSSC.

Predictors	**β**	**Wald**	***p*-value**	**OR (95% CI)**
BMI	0.489	6.736	**0.009**	1.630 (1.127 – 2.357)
Triglyceride	4.873	6.336	**0.012**	130.737 (2.94 -5812.75)
PASI	0.129	4.087	**0.043**	1.138 (1.004 – 1.290)
Metabolic Syndrome	-0.782	0.425	0.515	0.457 (0.044 - 4.805)
HDL-cholesterol	2.370	2.405	0.121	10.693 (0.535 – 213.738)
FBG	1.084	1.421	0.233	2.958 (0.497 – 17.595)
ALT	0.18	0.245	0.620	1.018 (0.947 – 1.095)
Systolic Blood Pressure	-0.013	0.251	0.616	0.987 (0.937 – 1.039)

Table 4: Multivariate logistic regression analysis for predictors of NAFLD.

Bolded *p*-values are significant. BMI-Body Mass Index, PASI-Psoriasis Area Severity Index, FBG-Fasting Blood Glucose, ALT-Alanine Transaminase

The table title has been revised with abbreviations, below Table 4.

Explanation of table 4 has been added on the 2nd last paragraph of RESULTS in the main text as below:

Table 4 shows the variables, which significantly predict the probability of having

NAFLD. Nagelkerke R square is 0.601 indicates that 60.1% of the variance of having NAFLD is being explained by the significant factors. Among these three factors, BMI is the strongest predictor followed by TG and lastly PASI (based on Wald values). Those who have one unit higher BMI, TG and PASI, are having 1.63, 130 and 1.13 times higher odds to get NAFLD, consecutively.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 15 Apr 2020

Dear AE,
Plagiarism: None
Analysis method: True
English writing: Proper
Decision: Accept
Sincerely

Hossein Hafezi: Reviewer | **Revision** (1) — 17 Apr 2020

Dear AE,
Thanks alot to the authors for adding an explanation about table 4.
the article can be published.
Thanks.

REFEREE: Associate Editor | **Revision** (1) — 18 Apr 2020

Dear EIC,
The manuscript is now acceptable.
Thanks.

REFEREE: EIC | **Revision** (1) — 18 Apr 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.