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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
Manuscript NO: 36557
Title: Impact of sustained virologic response on chronic kidney disease progression in hepatitis C
Reviewer's code: 02860875
Reviewer's country: United Kingdom
Science editor: Fang-Fang Ji
Date sent for review: 2017-10-06
Date reviewed: 2017-10-07
Review time: 1 Day

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

COMMENTS TO AUTHORS

The authors have used a large cohort of HCV-infected patients undergoing DAA treatment to ask if DAA treatment or treatment outcome impacts upon renal function. They have compared patients achieving and not-achieving SVR as well as comparing only the SVR group with a historical control cohort from the same centre. The written English and grammar is good, with only a few minor mistakes (eg manuscript p5, last line: ?improved renal function; simeprevir misspelled in figure 3).

I have the following comments:

Major

1. Study group demographics. There are a few details missing from the demographics; I am assuming that patients who underwent transplantation during the 12 months after DAA treatment were excluded. Pertinent to renal function, there is no description in the

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current or historical cohorts of the rates of proteinuria or cryoglobulinaemia before, during or after DAA therapy. They at least acknowledge the issue of missing proteinuria in the discussion. How have they handled changes in demographics over time? For example one could hypothesise that failure to achieve SVR might be associated with worsening liver function, increased diuretic doses and declining renal function. Related to this, there is no description of liver function before, during or after treatment in any of the groups.

2. Although the retrospective nature of the analysis limits the findings, could they not use the patients as their own controls? They say in the methods: 'Serum creatinine and estimated GFR was collected yearly for two consecutive years before and one year after treatment." If they calculated the change in eGFR from 1 year prior to DAA initiation (untreated) and compared it to change between DAA initiation to 1 year post-DAAs (treated) that might allow comparison of Delta-eGFR in the same patient.

3. Surely the most interesting implication of their findings is that DAA could have direct nephrotoxicity in addition to renal sparing effects when HCV is cleared. This is plausible and supported by differential changes in renal function with different regimens in figure 3. Should they not discuss this further?

Minor

1. Should the title be Chronic Kidney disease Progression?
2. Figure 1. The bars are labeled the wrong way round

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
Manuscript NO: 36557
Title: Impact of sustained virologic response on chronic kidney disease progression in hepatitis C
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Reviewer's country: Italy
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Date reviewed: 2017-10-17
Review time: 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
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[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This retrospective study have some limitations as underlined by the authors. This forces them to make speculations in order to explain the main result of the study, that is the lack of gain in eGFR decline in SVR compared with untreated patients. This is an issue undoubtedly useful for clinician, but already known. Immune factors related with cryoglobulins may be one of the reason, but we need to consider the impact of the special population of veterans with older patients, male and highly prevalent comorbidities. A further comment on this issue should be desirable. Unfortunately, patients with no response to DAA showed a worse renal function in the follow up than those untreated. The higher proportion of cirrhosis is one of the possible explanation. The impact of DAA regimen itself in this small number (38 patients) of highly prevalent cirrhotics is another possible cofactor, all the more considering that there is less

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comorbidity (other than cirrhosis). A further table comparing non responder to DAA with untreated, should be useful.