



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13308

Title: Differentiation of Acute and Chronic hepatitis B in IgM anti-HBc positive patients

Reviewer code: 02941838

Science editor: Yuan Qi

Date sent for review: 2014-08-17 19:17

Date reviewed: 2014-08-20 15:20

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

COMMENTS TO AUTHORS

A well designed study with important insights for clinical management of hepatitis B. Some specific suggested changes:

1. Introduction (paragraph 1) mentions that CHB-AE and AHB have different prognosis and treatment strategy - this section could also highlight prevention/public health management, eg) acute cases have acquired infection recently and an outbreak could be suspected.
2. State the prevalence of CHB in Korea, rather than simply 'intermediate'
3. Provide some detail about the sample/cutoff ratio as a diagnostic method eg) how it is determined & where else it is used, for people who manage CHB but are not familiar with this method
4. Methods: Patients and study design needs more detail - how were patients selected? Did study include all AHB and CHB-AE cases during the period? Did all AHB patients have a previous negative HBsAg test result? HbsAg loss 6 months after onset could represent resolved CHB - could any of the 'AHB' patients actually have had previously undetected CHB with AE?
5. 2000 IU/mL is relatively high for HBV DNA detection lower limit. Did any patients have undetectable DNA using this assay? If so include in Table 1
6. Methods statement that statistical analyses performed needs clarification - specify which analyses
7. Further discussion is needed as to why the retrospective design is a limitation. Eg see point 4 above regarding how patients were selected; also, potential biases because the CHB patients were already receiving clinical management. They may have different clinical characteristics than people with CHB who are unaware/not being managed and then present with AE
8. State p-values in tables rather than 'Not significant'

In general, a little more description of the selection of the sample of patients



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

and the impact on applicability of the findings would be useful. Overall this is a useful addition to knowledge about the natural history of hepatitis B and the potential for differentiating between acute and chronic cases.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13308

Title: Differentiation of Acute and Chronic hepatitis B in IgM anti-HBc positive patients

Reviewer code: 01221188

Science editor: Yuan Qi

Date sent for review: 2014-08-17 19:17

Date reviewed: 2014-09-08 14:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Park et al showed that the combination of IgM HBcAb quantification and HBV DNA levels was useful to distinguish acute hepatitis B from chronic hepatitis B with acute exacerbation. This paper is very interesting and seems to be very helpful for physicians. The number of patients is appropriate for evaluation. The method and results seem to be good. However, the levels of IgM-HBcAb are measured using only one kit (Abbot Architect). Therefore, it is not confirmed that the formula (combination of IgM HBcAb titers and HBV DNA levels) is useful in other commercial kits. The authors should revise this point. Minor revisions 1)Table 1 should be combined with Table 2. 2)The authors should describe how the formula was made.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13308

Title: Differentiation of Acute and Chronic hepatitis B in IgM anti-HBc positive patients

Reviewer code: 02242399

Science editor: Yuan Qi

Date sent for review: 2014-08-17 19:17

Date reviewed: 2014-09-10 14:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Comments to Authors In this manuscript, Park et al., demonstrated that the combination of IgM anti-HBc S/CO value and HBV-DNA level had a good sensitivity and specificity to distinguish AHB and CHB-AE in patients with positive IgM-HBc. They showed and compared different cutoff values of IgM anti-HBc S/CO ration and HBV-DNA level, and concluded that the S/CO ration of IgM anti-HBc ≥ 8 with HBV-DNA level $< 5.5 \log_{10}$ IU/mL can be used to discriminate AHB and CHB-AE. The conclusion are solid and has impact on clinical in the future. There are a couple of points that the authors should be addressed before acceptance of this manuscript. 1. Abbreviation list is not complete, such as AFP (alpha fetoprotein) and AHB (acute hepatitis B) should be added. 2. This study collected the data from patients with positive IgM anti-HBc. The proportion of IgM anti-HBc positive among CHB patients should be described in the introduction section. 3. The values of HBeAg positive S/CO should be added in Table 1 rather than only described in the text (page 9, the first paragraph).



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13308

Title: Differentiation of Acute and Chronic hepatitis B in IgM anti-HBc positive patients

Reviewer code: 02453015

Science editor: Yuan Qi

Date sent for review: 2014-08-17 19:17

Date reviewed: 2014-09-01 10:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Major concerns: 1. English needs to be improved by native speakers. 2. Is the p value one tailed or two tailed? 3. It is not clear from which groups the authors got p value in Table 1 4. The clinical HBV history is not clear in both groups. Does it help in diagnosis of AHB or CHB-AE? Minor concerns: 1. In the last sentence of first paragraph, it should be "Taiwanese" 2. Abbreviations in the abstract and the text should be spelled out at their first appearance.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13308

Title: Differentiation of Acute and Chronic hepatitis B in IgM anti-HBc positive patients

Reviewer code: 02842879

Science editor: Yuan Qi

Date sent for review: 2014-08-17 19:17

Date reviewed: 2014-08-26 16:42

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This article aims to use the quantitative determination of anti-HBc IgM to differentiate between AHB and CHB-AE in distinct group of subjects with positive anti-HBc IgM. And the author found serum anti-HBc IgM \geq 8 S/CO ratio with HBV-DNA level < 5.5 log₁₀ IU/mL could effectively distinguish AHB from CHB-AE. On one hand, the total numbers of cases with anti-HBc IgM(+) are just 82, including 53 cases with AHB and 29 cases with CHB-AE. I think the numbers are too less to prove the conclusion of this article. On the other hand, the applications of quantitative serum anti-HBc IgM and HBV DNA levels to distinct AHB and CHB-AE had many researches from early on. And as the author mentioned, "Acute Liver Failure Study Group" also has compared both the quantitative indexes in HBV-related ALF. Based on these fulfilled researches, I think the study is lack of innovation and the small-scale study can not accurately represent the viewpoints of the author.