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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 11460

**Title:** Response-guided treatment of chronic hepatitis B patients with liver cirrhosis: multicenter prospective study

**Reviewer code:** 00160312

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-22 13:43

**Date reviewed:** 2014-05-27 18:22

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"/> Existed	<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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

1)What where the issues raised by your IRB when you proposed LAM as the antiviral drug to be used in this study? Was an approval granted? 2)In cost-conscious AsiaPacific I fully understand why LAM may still be considered in CHB treatment. However, since the study population of this study are cirrhotics and nuc treatment is given long-term, the choice of LAM raises a number of issues, e.g., drug resistance, etc 3)How many patients developed hepatic decompensation during the study period? 4)How many developed new mutations in the ADV add-on arm? 5) Correction of some typo errors, e.g., Keeffe, garde, etc



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 11460

**Title:** Response-guided treatment of chronic hepatitis B patients with liver cirrhosis: multicenter prospective study

**Reviewer code:** 00504077

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-22 13:43

**Date reviewed:** 2014-05-31 20:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

good work,



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 11460

**Title:** Response-guided treatment of chronic hepatitis B patients with liver cirrhosis: multicenter prospective study

**Reviewer code:** 00506552

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-05-22 13:43

**Date reviewed:** 2014-06-08 21:06

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"/> Existed	<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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Authors of this paper conducted the response-guided treatment of CHB patients with compensated liver cirrhosis by adding on ADV to LAM treated patients according to the HBV DNA level after treatment of 24 or 48 weeks and evaluated virological breakthrough, YMDD mutations, biochemical responses and liver functions until treatment of 144 weeks. This type of study may provide very important information or guidelines to treat CHB patients with compensated liver cirrhosis. Even though this study was conducted with 100 CHB patients with compensated liver cirrhosis, it seems that this study is out of dated. Since it had been known that LAM- and ADV-resistant mutants are reached to ~70% and ~20 to 30%, respectively, after 5 years treatments, add-on therapy would be better with entecavir or tenofovir. Another major flaw in the result is from Fig. 5. Authors said that 'The number of patients with HBeAg-positive CHB at baseline was 16, 23 and 18 for arm A, B and C, respectively. At week 144, HBeAg loss rate was 53.85% (7/13), 47.62% (10/21) and 42.86% (6/14) (P=0.993), and HBeAg seroconversion rate was 23.08% (3/13), 47.62% (10/21) and 21.43% (3/14) (P=0.245) in three arms, respectively (Figure 5).' Where this 13, 21, and 14 comes from? And then in the figure, they said that 16, 23 and 18.