## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology  
**Manuscript NO:** 87082  
**Title:** Risk of hepatitis B reactivation in patients with myeloproliferative neoplasms treated with ruxolitinib: a review  

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 06195974  
**Position:** Editorial Board  
**Academic degree:** MD, PhD  
**Professional title:** Assistant Professor  
**Reviewer’s Country/Territory:** United States  
**Author’s Country/Territory:** Romania  
**Manuscript submission date:** 2023-07-23  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2023-08-01 21:36  
**Reviewer performed review:** 2023-08-01 21:46  
**Review time:** 1 Hour

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ Y] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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</thead>
<tbody>
<tr>
<td>Novelty of this manuscript</td>
<td>[ Y] Grade A: Excellent</td>
<td>[ ] Grade B: Good</td>
<td>[ ] Grade C: Fair</td>
<td>[ ] Grade D: No novelty</td>
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<tr>
<td>Creativity or innovation of this manuscript</td>
<td>[ Y] Grade A: Excellent</td>
<td>[ ] Grade B: Good</td>
<td>[ ] Grade C: Fair</td>
<td>[ ] Grade D: No creativity or innovation</td>
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<tr>
<td>Scientific significance of the conclusion in this manuscript</td>
<td>[ ] Grade A: Excellent</td>
<td>[ Y] Grade B: Good</td>
<td>[ ] Grade C: Fair</td>
<td>[ ] Grade D: No scientific significance</td>
<td></td>
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<tr>
<td>Language quality</td>
<td>[ ] Grade A: Priority publishing</td>
<td>[ Y] Grade B: Minor language polishing</td>
<td>[ ] Grade C: A great deal of language polishing</td>
<td>[ ] Grade D: Rejection</td>
<td></td>
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</table>
In this minireview, the authors provided an overview of the association between ruxolitinib treatment in MPNs and hepatitis B reactivation. After a literature review, they concluded that ruxolitinib’s interaction with the immune system can increase the susceptibility to opportunistic infections, highlighting the need for careful monitoring and timely intervention and there is a potential for HBVr, especially in patients with a history of HBV infection. Close monitoring of liver function and proactive measures, such as prophylactic antiviral therapy, are crucial to manage these risks. Thus, ruxolitinib offers therapeutic benefits for MPNs, but a careful evaluation of infection risk, regular monitoring, and appropriate interventions are essential to ensure patient safety. The review is of interest.

I have only a comment that in my opinion could improve the clinical significance of this manuscript. The authors should recall the importance of other co-factors in natural history of HBV infection. In particular, the role of alcohol intake should be recalled and discussed since it was previously demonstrated that alcohol intake is an independent risk factor for cirrhosis and hepatocellular carcinoma development in HBV patients as previously demonstrated (Natural course of chronic HCV and HBV infection and role of alcohol in the general population: the Dionysos Study. Am J Gastroenterol. 2008 Sep;103(9):2248-53.).

RESPONSE: Thank you for the positive feedback regarding our manuscript. We have mentioned the contributing role of alcohol to the development of cirrhosis and HCC as instructed and cited the indicated reference.
Dear Dr. Gaman,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 87082, Minireviews) basically meet the publishing requirements of the *World Journal of Hepatology*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers’ comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

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**Reviewer #1:**
**Scientific Quality:** Grade B (Very good)
**Language Quality:** Grade B (Minor language polishing)
**Conclusion:** Minor revision

**Specific Comments to Authors:** In this minireview, the authors provided overview the association between ruxolitinib treatment in MPNs and hepatitis B reactivation. After a
literature review, they concluded that ruxolitinib's interaction with the immune system can increase the susceptibility to opportunistic infections, highlighting the need for careful monitoring and timely intervention and there is a potential for HBVr, especially in patients with a history of HBV infection. Close monitoring of liver function and proactive measures, such as prophylactic antiviral therapy, are crucial to manage these risks. Thus, ruxolitinib offers therapeutic benefits for MPNs, but a careful evaluation of infection risk, regular monitoring, and appropriate interventions are essential to ensure patient safety. The review is of interest. I have only a comment that in my opinion could improve the clinical significance of this manuscript. The authors should recall the importance of other co-factors in natural history of HBV infection. In particular, the role of alcohol intake should be recalled and discussed since it was previously demonstrated that alcohol intake is an independent risk factor for cirrhosis and hepatocellular carcinoma development in HBV patients as previously demonstrated (Natural course of chronic HCV and HBV infection and role of alcohol in the general population: the Dionysos Study. Am J Gastroenterol. 2008 Sep;103(9):2248-53.).

RESPONSE: Thank you for the positive feedback regarding our manuscript. We have mentioned the contributing role of alcohol to the development of cirrhosis and HCC as instructed and cited the indicated reference.

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Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

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In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:
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Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

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RESPONSE: Thank you for the positive feedback regarding our manuscript. The paper was edited by a native speaker of English listed among the authors.

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**RESPONSE:** All files have been provided.

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Best regards,

Li Ma, Science Editor, Editorial Office Director, Company Editor-in-Chief, Editorial Office

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