



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 24361

**Title:** Veterans Health Administration Hepatitis B Testing and Treatment with Anti-CD20 Antibody Administration

**Reviewer’s code:** 00034635

**Reviewer’s country:** Spain

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2016-01-19 17:33

**Date reviewed:** 2016-01-31 22:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Hunt et al retrospectively examined an electronic recorded cohort of 19,304 patients who received Anti-CD20 agents and analyzed the pre-treatment testing of HBsAg, HBsAb and HBcAb status. The authors broadly categorized 2 groups of patients according to their serological profile (HBV + and HBV). Despite testing coverage was 80% of the whole cohort, only ? 37% of those at risk (HBV +) received anti-viral treatment. As expected, those categorized as HBV+ suffered higher rate of acute hepatitis, however, there were no difference rate of liver failure or overall mortality among groups. Interestingly, 16 cases of HBV-negative patients developed hepatitis which suggest that profound immunosuppression may render HBV-negative subjects more susceptible to HBV infection. Unfortunately, the effect of preemptive treatment could not be assessed due to a low number of patients under treatment. Minor Comments: Could the authors identify differences of effectiveness between the different antiviral drugs? adefovir, entecavir, lamivudine, tenofovir, and telbivudine



# 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:** 24361

**Title:** Veterans Health Administration Hepatitis B Testing and Treatment with Anti-CD20 Antibody Administration

**Reviewer's code:** 00006789

**Reviewer's country:** Spain

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The retrospective study presented by Hunt et al demonstrate the necessity to screen patients for HBV before anti-CD20 Ab treatment, and most likely, prior to the administration of any immunosuppressive treatment; in order to determine if the patient will benefit from HBV vaccination or preventive antiviral treatment. This simple measure will reduce the number of HBV-related deaths occurring in a number of patients. It is an interesting and relevant study.



ESPS PEER-REVIEW REPORT

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

This is a record review study of Veteran electric health records from 2002-14 who received anti-CD20 treatment looking at hepatitis B status. The data base used is impressive and the population examined is ideal for such a review. Specific comments: In the Abstract the authors say that most veterans have HBV testing prior to anti-CD20 treatment, but only 64% were screened for HBsAg and 56% for HBcAb. With 44%-36% veterans not being screened I don't think you can say that most veterans are being screened. On page 10, first paragraph; the authors state that the HBV assays were qualitative and as normal ranges were not provided in CDW (the data warehouse) numerous serology results were indeterminate. I don't know what they mean by this statement. Most HBV test are qualitative and there are no normal ranges because 1=positive, 2=negative, 3=indeterminate or whatever convention the lab uses. This is the standard for these tests so what are the authors talking about? Statistical Analysis In reading this section I really wonder if the authors ever read or wrote another scientific paper before. They start out the section by mentioning the name of their statistician as if that was adequate for describing the statistics used in the paper. They need to state



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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what statistical software was used to perform the analysis and what type of analysis was done. What p values were used to connote significance and if they did multivariate analysis. No one cares about the name of their statistician. They have 0% and 1% in their tables, there should be Standard Errors (SE) around these percentages since these numbers appear to be very unstable. Even if they didn't have small numbers all %s need SE. On all the Figures there need to be titles. Figure 1a is missing. Figure 1b is a change over time but there is no discussion in the paper about the change over time when the figure is discussed. Why? Page 13, Antiviral Treatment during High-Risk Period for HBV Reactivation: In the first sentence the authors state that across all HBV disease categories 2-22% of the HBV antiviral treatment in the high-risk period was associated with HIV infection. 2-22% is an awfully large range. This seems to be dropped in the paper out of nowhere. They mention Figure 2 but figure 2 seems to have nothing to do with HIV. Actually I have no idea what figure 2 is portraying with decimal points on the y axis and years on the x axis. The discussion of figure 2 in the paper seems unrelated to the actual figure since no mention of time over the years anywhere in the paper except to say this is a record study of VA data from 2002-2014 but the years in the table are 2004-2014. There is an unlabeled figure between Figure 2 and 3 portraying who knows what??? This all just very sloppy writing and proof reading on the part of the authors. On page 17 the authors list as a weakness the predominately qualitative HBV serology tests. They need to become more familiar with HBV serology tests so they are aware that this is what you get from the standard serology tests. I was also not sure why on Page 17 the authors described antiviral practice in a Spanish medical center. It made no sense since we are talking about U.S medical treatment.