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ESPS Peer-review Report

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 7151

Title: Management of HCV infection in patients with hemodialysis

Reviewer code: 00039570

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 17:29

Date reviewed: 2013-11-18 10:34

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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I suggest the whole text would be revised to a practical guide for HCV management in hemodialysis units. The sections could be ; Monitoring individual patients and the whole unit Isolation problems and realities Treatment Referral to transplantation



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Name of Journal: World Journal of Hepatology

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Title: Management of HCV infection in patients with hemodialysis

Reviewer code: 02538039

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 17:29

Date reviewed: 2013-12-21 06:54

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various grades from A to E and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

Abstract, core tip, conclusion: the word "shortness" is misused. The word should be "lack": "lack of stringent universal precautions," "lack of standard universal precautions." Abstract and core tip: Two sentences use the phrase "should be alerted" incorrectly. It should read "Anti-HCV negative HCV infection and occult HCV infection in MHD patients should be noted." or "Physicians should be alert for anti-HCV negative HCV infection and occult HCV infection in MHD patients." Core tip: "How to increase the SVR and decrease the side-effects." is not a sentence. Abbreviations: MHD should be "maintenance" hemodialysis, not "maintained." Introduction, line 7: "suffering" not "suffered" Introduction, line 12: "vary" not "varies" Introduction, last sentence: needs to be reworded, "the related advancement" needs clarification. Epidemiology: edit sentence 2 as follows: "...but some HCV genotypes that are rare in the general population may be more prevalent in hemodialysis patients ..." Table 1: prevalence is misspelled. Risk factors: edit sentence 3 as follows: "... staff and equipment available to treat MHD patients were very limited. In the past two decades, the sensitivity and specificity of laboratory tests..." Risk factors, paragraph 3: should read "Secondly, new HCV infections can occur in patients who lack the risk factors of blood transfusion, intravenous drug use, high risk sexual activity, or exposure to know HCV-positive persons. It is believed that these patients ..." Risk factors, paragraph 3: "... are surely the result (not events) of nosocomial ..." Monitoring: first paragraph: The authors discuss "false negativity" rates of anti-HCV tests. This is misleading. The anti-HCV tests may fail to detect HCV infection because the immunocompromised status of HD patients prevents them from having detectable anti-HCV antibodies. The authors need to state this clearly and that 1.66% - 7.2% of HCV antibody negative



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HD patients had detectable HCV antigen or and/or HCV RNA. Monitoring, paragraph 2: "... is a serious issue (not a severe fact)..." Prophylaxis, paragraph 2: "... and have maximized (not attained ideal)..." Prophylaxis, last line: "systematic" not "systemic". Treatment: "grafts" not "rafts" Treatment: The authors need to cite a reference for liver cirrhosis and HCV in occult HCV infection. The authors should add a table summarizing the treatment recommendations and options.