

## ANSWERING REVIEWERS

October 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format



**Title:** MANAGEMENT OF PATIENTS WITH HEPATITIS B IN SPECIAL POPULATIONS

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

**ESPS Manuscript NO:** 13922

We are very pleased that you have found our manuscript interesting and worthy of reconsideration for publication. We have revised it according to reviewers' suggestion.

Reviewer's 1 comments: The management of HBV infection in special populations is very important. In recent years, many papers have focused on this area, and the guidelines of hepatitis B put forward by AASLD, EASL and APASL also paid close attentions to the management of HBV infection in special populations. This authors' points of view are good, however, the descriptions are very superficial and lake of deep analysis. In my opinion, the current review is only additional descriptions of guidelines, and the deep meta-analysis or systematic literature review can better reflect the current therapeutic situation of HBV infection in specially. Furthermore, it is more appropriate to design meta-analysis on transplantation, pregnancy or children respectively. And the tables and figures in this paper are also lack of important directive senses and academic values

The aim of this review was focused on special populations with CHB. Extreme details and deeply aspects of this matter were not feasible to be presented as in most reviews of this type. However, all the important points of daily clinical practice required for the management of CHB special populations have been clearly highlighted. Otherwise, a long review, with many details and information, would pose risk of confusion and might lead to lack of interest. This is the reason of adding tables and figures pinpointing the eminent practical issues. Nevertheless, if the reviewer considers that important information relating to clinical practice is lacking we will be very happy to add it in a revised version. In addition, we strongly believe that our review is not "only additional descriptions of guidelines". Personal views regarding several controversial issues are presented as

well, reflecting our clinical experience and our opinion upon not well established and low grade evidence. Moreover, our theses are based on our original papers published mostly in the liver transplantation setting. This paper is a review and not meta-analysis, and it does not aim to be a meta-analysis since it would not be practical to do so for that great amount of special populations. Finally, we strongly believe that this review will be very handfull and will simply hepatologists' daily clinical practice. Tables and figures clarify the paper thesis, give important management directions in an easy approachable manner for the readers.

Reviewer's 2 comments: I read the manuscript with interest. The authors reviewed the topic in a detailed manner and successfully updated the knowledge about management of chronic hepatitis B in special populations. However, minor revisions should be performed:

1) Figure 2 and Figure 3 should be re-arranged and should be changed in order to being more well-looking.

We are thankful for the constructive comments. We have re-arranged the order in figure 2 according to your suggestion. On figure 3, therapy before kidney transplantation is better to appear on the left handside and therapy after kidney transplantation on the right handside, because the opposite seems not well standing. However, if you still think that this change will improve the manuscript we will perform it.

2) English language of the manuscript should be edited by a native speaker

We have improved now the English language by a native speaker

Reviewer's 3 comments: This article discussed the management of patients with chronic hepatitis B in special populations, the authors reviewed and summarized the updated knowledge in the recent literatures. It is interesting and provide important information. However, several questions should be clarified and addressed before accepting for publication.

1. Authors stated that entecavir is approved for use in children  $\geq 2$  years-old, adefovir and TDF for adolescents  $\geq 12$  years-old, whereas telbivudine for adolescents  $\geq 16$  years-old. Please verify and make sure the use of these medications in children with chronic hepatitis B infection. FDA had just approved the use of entecavir in children  $>12$  years old.

Many thanks for your kind comments.

We have rechecked out this issue and we confirm that on March 2014, FDA approved entecavir in children  $>2$  years old. Please visit this address for further details:

<http://www.fda.gov/ForPatients/Illness/HepatitisBC/ucm408696.htm>. If you agree with the provided information we will keep our text without changes, otherwise please clarify.

2. Tables and figures look complicated. Should simply.

Tables and Figures have been simplified. However, figure 3 is difficult to be further changed since all clinical scenarios regarding the management before and after kidney transplantation are concentrated on it

3. Better to have a table summarizing the management of patients with chronic hepatitis B in these special populations they mentioned.

A new table (Table 3) has been added summarizing the management of patients with chronic hepatitis B in these special populations.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*

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