

Point-by-point responses

Name of Journal: World Journal of Gastroenterology

Manuscript NO: 44813

Manuscript Type: META-ANALYSIS

Comparison of Renal Safety of Tenofovir and Entecavir in Patients with Chronic Hepatitis B : Systematic Review with Meta-analysis

Thank you for your valuable suggestions. According to your suggestions, we revised our initial manuscript as described below. We prepared revised manuscript and struck revised and added mentions in red. This summary of responses was separately made.

English language: Our manuscript was fully checked by English consultant (American Journal Experts, Order ID : PCF94X36). I attached a Certificate with this letter.



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Manuscript title:
TDF vs ETV

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Date Issued:
April 20, 2019

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ABCF-1DC7-6DA1-3ED0-8C82



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To Reviewer 00646357

Thank you for your valuable suggestions. According to your suggestions, we revised our initial manuscript as described below.

#1. Add the unique of this study compared to other studies discuss the same issue.

Response >> (Manuscript 336-340 : We corrected manuscript as below) **Our research is different from existing studies for the following reasons: 1. We used continuous variables when comparing the influence of drugs on renal function. 2. We enhanced clinical relevance by using qualified research quality assessment methods and sensitivity analysis with meta-regression by study and patient characteristics.**

#2. Add more on the basic of this disease in the introduction

Response >> (Manuscript 124-127 : We added some basic of this disease in the introduction as below) **An estimated 257 million people worldwide are infected with the hepatitis B virus (HBV)^[1]. Recently, research addressing chronic kidney disease among chronic hepatitis B patients has emerged^[2]. Interest in drugs that can affect renal function has also increased.**

#3. Discuss role of imaging using these ref

- Razek AA, Khashaba M, Abdalla A, et al. Apparent diffusion coefficient value of hepatic fibrosis and inflammation in children with chronic hepatitis. Radiol Med 2014;119:903-9.

- Razek AA, Abdalla A, Omran E, et al. Diagnosis and quantification of hepatic fibrosis in children with diffusion weighted MR imaging. Eur J Radiol 2011;78:129-34.

- Besheer T, Arafa M, El-Maksoud MA, et al. Diagnosis of cirrhosis in patients with chronic hepatitis C genotype 4: Role of ABCB11 genotype polymorphism and plasma bile acid levels. Turk J Gastroenterol 2018;29:299-307.

Response >> Thank you for recommending a good reference. But our research doesn't only cover the patients with cirrhosis, and we didn't cover diagnostic technique. These are good references, but it's hard for us to refer to.

#4. English language correction through the manuscript

Response >> We revised our manuscript with English consultant. We attached a Certificate above.

#5. Update of references as most of references are old using these ref

- Razek AA, Massoud SM, Azziz MR, et al. Prediction of esophageal varices in cirrhotic patients with apparent diffusion coefficient of the spleen. *Abdom Imaging* 2015;40:1465-9.

Response >> Thank you for recommending a good reference. But our research doesn't only cover the patients with cirrhosis, and we didn't figure out whether the patients diagnosed varix or not. These are good references, but it's hard for us to refer to.

To Reviewer 00030389

(The authors investigated the effects of TDF and ETV on renal function in patients with chronic hepatitis B through a systematic review and meta-analysis. They conclude that TDF statistically significantly increased serum creatinine levels and decreased the eGFR in 6–24 months compared to ETV, with moderate to low quality of evidence, although the difference is inappreciable. The study is valuable, and I have only a few minor comments.)

Response >> Thank you for your positive assessment and warm words.

Minor comments

#1. Page 6, lines 130-132. Please provide the suggestion of EASL on the use of TDF and ETV according to renal disease.

Response >> (Manuscript 134-140 : We added some manuscript in the introduction as below) **The European Association for the Study of the Liver (EASL) recommended considering switching from TDF to ETV in CHB patients with underlying renal disease, especially when exposed to LAM. EASL also suggested selecting ETV (or tenofovir alafenamide fumarate) over TDF for CHB patients with estimated**

glomerular filtration rate (eGFR) < 60 ml/min/1.73 m², patients with albuminuria, and patients on hemodialysis.

#2. Page 10, lines 251-254. The numbers of publications (5336 and 77) differ from those in Fig. 1.

Response >> (Manuscript 258-261 : We corrected manuscript as below) **Figure 1** shows the details of the literature search and study selection. The initial search strategy identified 5413 articles (**Supplemental Table 3**). Of these, 5327 publications were excluded, as they did not fulfill the selection criteria by title and abstract screening.

To Reviewer 00069423

(Authors are to be commended for having conducted this comprehensive review and thorough meta-analysis on this controversial subject in the recent years. Their result and conclusion appear to be consistent with the current opinion on this very subject. While there is a multitude of patients who are on either NUCs, the conclusion of this study may assist in reassuring to the treaters/physicians.)

Response >> Thank you for your positive assessment and warm words.

#1. Only minor typos.

Response >> We revised our manuscript with English consultant. We attached a Certificate above.