

PEER-REVIEW REPORT

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Title: Viral Hepatitis: milestones, unresolved issues, and future goals

Reviewer's code: 03646974

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear authors, I carefully read the manuscript, 'Viral Hepatitis: milestones, unresolved issues, and future goals', and commented as follows: The author reviewed viral hepatitis C, viral hepatitis B, viral hepatitis D, viral hepatitis A, and viral hepatitis E. In the chapter on viral hepatitis C, authors focused on the current antiviral treatments and introduced treatment options for refractory hepatitis C. In the second chapter of viral hepatitis B and D, authors focus on new drugs for treating hepatitis D. In the third and fourth chapters, authors introduce the pathogenesis and treatment of hepatitis A and hepatitis E, respectively. In the study of hepatitis C and hepatitis D, more European literatures are cited. Compared with Asians, it is more difficult for Caucasians to treat hepatitis C. Italians may have a higher rate of hepatitis D infection. The literatures show that for treating patient with hepatitis B, the interferon response rate in the Asian population is significantly lower than that in the Caucasian; the nucleot(s)ide resistant mutation in Asian population is higher than other races. These differences are caused by genetic differences between Caucasians with Asians. Thus, the physicians in the Asia-Pacific region who read this article may cause confusion. There is no need to modify the manuscript in response to the above comments. Agree to accept the paper. Mini error: The first line on page 21, intravenous administration, should be changed to subcutaneous injection. Dr. Yin GQ