

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63549

Title: Chronic and Seropositive Hepatitis C Infection in COVID-19 patients is Associated with In-Hospital Mortality Independent of Baseline Comorbidities and Liver Injury

Reviewer's code: 05548650

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Research Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2021-01-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-17 09:27

Reviewer performed review: 2021-04-18 17:49

Review time: 1 Day and 8 Hours

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 Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

Briefly, in this study, the authors report that HCV positivity in patients with COVID-19 was overall greatly associated with in-hospital fatality. Their findings could be potentially interesting because COVID-19 has resulted in "slowing or stopping" many hepatitis elimination programs, including hepatitis C viral infection (J Hepatol. 2021 Jan;74(1):31-36. doi: 10.1016/j.jhep.2020.07.042.). My suggestions: There are several grammar errors in the main text (therefore I suggest firstly English editing), and the authors should use appropriately the acronyms when employed for the first time in the text. It needs to be explained the reason for the high prevalence of both HCV and HIV infections found among the study populations (local epidemiology? Higher prevalence of drug injectors in the analyzed cohort?). I think that in the multivariate analysis for in-hospital mortality (table 2) the authors should include no more than 10 variables since too many variables can compromise the reliability of the results. I suggest considering only the following variables: age, gender, hypertension, DM, HIV, COPD, HCV, congestive heart failure, coronary artery disease, and procalcitonin, that were significantly different at baseline in the comparison among HCV and non-HCV groups. So the authors should omit from the multivariate analysis (table 2) the variables of platelets, neutrophilic count, D-dimer, ferritin, lactate dehydrogenase, bilirubin, and albumin, whose baseline values were not significantly different in the HCV and non-HCV groups. They should add among the analyzed variables included in Tables 3 and 4, "conjugated bilirubin" (and maybe also albumin) as another important liver lab test/s also because their levels were significantly different at baseline among HCV and non-HCV groups. The authors should also explain if among the 50 HCV patients some of them experienced (or not) a previous antiviral regimen with/without DAA, if yes they should provide the info if the patients achieved an SVR. The title of table 5 is



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“Comparison between patients with chronic HCV and propensity score-matched patients without HCV” but the authors did not explain herein that they also performed a Cox regression analysis with in-hospital mortality as the outcome. The authors should shorten the discussion section focusing neatly on their findings and the comparison with other comparable studies, rather than centering on the well-known pathogenesis mechanism of SARS-COV-2 infection. Also, they report in the discussion section that “in a cohort of COVID-19 patients in a single-center, the frequency of history of chronic hepatitis C infection is 4.1%...” but in the abstract, they report a different percentage “...50 (5%)”. They should therefore adjust the percentage and substitute it with the right one “4.1%”.

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Reviewer's code: 05524284

Position: Peer Reviewer

Academic degree: FRCP, MBBS, MD

Professional title: Associate Professor

Reviewer's Country/Territory: Singapore

Author's Country/Territory: United States

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input 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

SPECIFIC COMMENTS TO AUTHORS

The paper is well conceived and i congratulate the authors in reporting their observational study.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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This is a good work.