

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 24721

**Title:** ECHO – Hepatitis C: Small steps carve big footprints in the allocation of scarce resources for hepatitis C virus treatment to remote developing areas

**Reviewer’s code:** 00032726

**Reviewer’s country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-02-02 16:47

**Date reviewed:** 2016-02-09 09:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

This mini-review briefly introduces the project of Extension for Community Healthcare Outcomes (ECHO), a novel model for the allocation of scarce resources for hepatitis C virus (HCV) treatment. It analyzed the advantages of this model and will be useful for clinicians. However, there are several problems in this manuscript should be addressed before publication. **We do appreciate the reviewer’s thoughts about the project and manuscript.**

1. In the last sentence of Hit or miss section, the authors introduced the extension of the ECHO model (“the number of ECHO sites drastically increased to around 300 nowadays”). Is there any data of the sustained virologic response (SVR) rates in these ECHO sites? The SVR rate in the initial study is 58.2%. Can the similar SVR rates be obtained in those novel sites of ECHO?

**We appreciate the reviewer’s recommendation. Even old and interferon based difficult treatment data published in Hepatology showed similar SVR results with the findings. Current HCV treatment is interferon free and we expect even better outcome by reaching the more patients in rural areas. We**



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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edited that sentence as “As a result, the number of ECHO sites drastically increased to around 300 nowadays (8). Currently, each center is collecting the SVR data on new and more effective interferon free HCV treatment to compare the outcomes. ”.

2. The differences between Show Me ECHO and ECHO are not clear enough.

ECHO project is a worldwide project was born in New Mexico State. However, its local name would be an “ECHO” based name. The state Missouri is “Show Me State” in the USA, The local name of ECHO project in Missouri was named as “Show Me ECHO” in Missouri State. The same project getting a local name as it was explained couple of times in the abstract and the manuscript’s sections with subtitles “What is project ECHO”; “New Mexico to Missouri” and “Targets of Show Me ECHO Model” subtitle sections. We expect that the abstract sentence “Show Me ECHO was adapted from Project ECHO to train PCPs in Missouri and equip them with the tools and skills to properly treat and diagnose HCV in a timely manner.” And the edited “Targets of Show Me ECHO Model” section sentence” Show Me ECHO, an adaptation of the University of New Mexico School of Medicine’s ECHO model, was instigated with a similar purpose: to promote accessible and affordable quality care for HCV patients in disadvantaged underserved and rural populations in Missouri with an aim to move the knowledge not the patients” would make it clear enough for the readers.

3. The structure of this manuscript should be re-edited. The section of New Mexico to Missouri described the unequal distribution of the resources for HCV treatment between metropolitan cities and rural areas. This section does not connect with the context very well. It more like a example of the Introduction.

ECHO project’s target is NOT metropolitan cities. Worldwide ECHO project was born in New Mexico for the patients living in rural areas of New Mexico first. Nowadays, worldwide ECHO project and its Missouri arm “Show Me ECHO” project targets are the patients living in rural areas who are less fortunate than their counterparts residing in urbanized areas. The project underlines the lack of medical resources and medical personnel in rural regions and the project’s idea is “to move the knowledge not the patient”. The structure is based on this. The section of New Mexico to Missouri explains the main ECHO project’s extension into the Missouri for Missouri rural areas as well. We edited the first sentence of the subtitle “Targets of Show Me ECHO Model as “Show Me ECHO, an adaptation of the University of New Mexico School of Medicine’s ECHO model, was instigated with a similar purpose: to promote accessible and affordable quality care for HCV patients in disadvantaged underserved and rural populations in Missouri with an aim to move the knowledge not the patients” to make the context clear for this expression.

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**Title:** ECHO – Hepatitis C: Small steps carve big footprints in the allocation of scarce resources for hepatitis C virus treatment to remote developing areas

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

In this manuscript, the author introduced the Project ECHO that was conducted in New Mexico and Missouri. This project has significantly improved SVR in the treatment of geographically isolated HCV patients in rural areas by connecting the local PCPs to University HCV clinics so as to allow PCPs to acquire the critical skills necessary in treating HCV patients. This model appears deserving advancement to improve the health care in developing regions. I would suggest its acceptance for publication after minor concerns being addressed. **We do appreciate the reviewer's thoughts about the project and manuscript.**

1. Page 3: "Of these 519, 407 remained relevant for the overall SVR rates in the study because they fulfilled certain physiological requirements." What is "certain physiological requirements"? Please address it. **To address it we edited this sentence as "Of these 519, 407 remained relevant for the overall SVR rates in the study. HCV patients who got at least one dose of HCV treatment were included in the analysis. Any patient without follow-up data was**



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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considered as treatment failure.”.

2. There should be a legend to explain the ECHO model in Figure 1. The reader will understand the ECHO model better without referring to the text. Figure 1 has been edited as “**Figure 1. Extension for Community Health Outcomes (ECHO) Model.**”.

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**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 24721

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Dear editor Thanks for inviting me to review this interesting mini review article which is about introducing a model (ECHO) for increasing treatment rate of HCV-infected patients. For this purpose ECHO connects primary care providers with specialists through a hub. I think that this model is very useful especially for developing countries. Although ECHO should be evaluated in an original article for getting a better and exact result, however I think this mini review should be published for presenting ECHO all over the world. Best Regard Reviewer Mohammad Saeid Rezaee-Zavareh.

**We do appreciate the reviewer's thoughts about the project and manuscript.**

### Regarding Grade B : Minor Language polishing.

**Three out of 5 authors' native language is American English. They re-evaluated the language. However we also used our University language editing source to check and edit the grammar and the language.**