



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 48171

**Title:** Effects of Dual Sofosbuvir/Daclatasvir Therapy on, Chronic Hepatitis C Infected, Survivors of Childhood Malignancy

**Reviewer’s code:** 01488602

**Reviewer’s country:** Romania

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-04-10 04:17

**Reviewer performed review:** 2019-04-10 04:22

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is a correct study but the degree of novelty seems reduced; a controlled study at the beginning would have been more convincing; the results were those to be expected from the beginning of the study,



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## **INITIAL REVIEW OF THE MANUSCRIPT**

### *Google Search:*

- The same title
- Duplicate publication
- Plagiarism
- No

### *BPG Search:*

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## **REPLY 1:**

Regarding the reduced novelty: It is well known that up to the moment of submission of this manuscript, there has been no PANGENOTYPIC direct acting antiviral therapy (DAA) approved for pediatric groups less than 18 years of age.

Sofosbuvir/Ledipasvir (SOF/LDV) as well known is not approved for genotype 2 or 3 (SEE SLIDES Below).

Even the latest EASL guidelines recommend against the use of SOF/LDV for treatment experienced patients.

The latest WHO guidelines recommended the use of a PANGENOTYPIC combination for the treatment of hepatitis C infection rather than a gene-specific combination (such as SOF/LDV) (SEE SLIDE Below)

This study tested the safety and efficacy of a PANGENOTYPIC combination (SOF/DCV) (which will provide a new hope for children infected with genotype 2 and 3 for which the latest EASL guidelines stated that they should not be treated with SOF/Ribavirin but they better be treated with a PANGENOTYPIC regimen accepted



for adults, pending studies like ours that prove safety and efficacy in such age group (SEE SLIDE 3).

Also, this is the first study ever to address very critical research question (not addressed before in pediatric age group) which is still making a lot of worries among treating physicians with conflicting data (does treatment with DAAs affect remission from malignancy ... We all know that many data from adult studies for survivors of hepatocellular carcinoma suggest that DAAs treatment could be associated with a rapid reactivation of HCC with more aggressive course. No other studies in pediatric age group addressed this critical research question, and our study is the first to take this challenge and to reassure pediatricians that treatment with DAAs will not adversely affect this vulnerable subset of poor patients infected with chronic HCV.

#### What treatment to use for adults and adolescents

WHO recommends the use of pangenotypic DAA regimens for the treatment of persons with chronic HCV infection aged 18 years and above.<sup>2</sup>

*(Conditional recommendation, moderate quality of evidence)*

In adolescents aged 12–17 years or weighing at least 35 kg with chronic HCV infection, WHO recommends:

- sofosbuvir/ledipasvir for 12 weeks in genotypes 1, 4, 5 and 6
- sofosbuvir/ribavirin for 12 weeks in genotype 2
- sofosbuvir/ribavirin for 24 weeks in genotype 3.

*(Strong recommendation/very low quality of evidence)*

#### Pangenotypic regimens currently available for use in adults 18 years of age or older

For adults without cirrhosis, the following pangenotypic regimens can be used:

- Sofosbuvir/velpatasvir 12 weeks
- Sofosbuvir/daclatasvir 12 weeks
- Glecaprevir/pibrentasvir 8 weeks<sup>3</sup>

For adults with compensated cirrhosis, the following pangenotypic regimens can be used:

- Sofosbuvir/velpatasvir 12 weeks
- Glecaprevir/pibrentasvir 12 weeks<sup>3</sup>
- Sofosbuvir/daclatasvir 24 weeks
- Sofosbuvir/daclatasvir 12 weeks<sup>4</sup>

4. May be considered in countries like EGYPT where genotype 3 prevalence is <5%



**GUIDELINES FOR CHRONIC HCV 2018**

- Adolescents aged 12 years and above infected with genotype 1, 4, 5 or 6 who are treatment-naïve or treatment-experienced, without cirrhosis or with compensated (Child-Pugh A) cirrhosis, should be treated with the fixed-dose combination of sofosbuvir (400 mg) and ledipasvir (90 mg) for 12 weeks (**B1**).
- Adolescents aged 12 years and above infected with genotype 2 or 3 who are treatment-naïve or treatment-experienced, without cirrhosis or with compensated (Child-Pugh A) cirrhosis, can be treated with other regimens approved for adults, with caution pending more safety data in this population (**C2**).

**EASL 2018**



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**Manuscript NO:** 48171

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**Reviewer's code:** 02541859

**Reviewer's country:** United States

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-04-12 13:20

**Reviewer performed review:** 2019-04-12 13:56

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This ia good study on HCV GT4 infection in children with hematological malignancies. As the fibroscan cut off was 12.5 kp. all the study patients were non-cirrhotic. So I think the title should changed to non-cirrhotic HCV GT-4 infected patients.



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## REPLY 2:

**We opted not to have a very lengthy title; particularly because the main focus of this study was not to measure the efficacy of therapy on the virus, but to explore cautiously the effect of this treatment on a special vulnerable subset of patients (pediatric cancer survivors) (NOVELTY).**



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**Manuscript NO:** 48171

**Title:** Effects of Dual Sofosbuvir/Daclatasvir Therapy on, Chronic Hepatitis C Infected, Survivors of Childhood Malignancy

**Reviewer's code:** 02687374

**Reviewer's country:** China

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-04-11 06:54

**Reviewer performed review:** 2019-04-19 02:58

**Review time:** 7 Days and 20 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This clinical prospective study was testing the effects of dual sofosbuvir/daclatasvir (SOF/DCV) therapy in the treatment of chronic HCV in survivors of hematologic malignancy in pediatric age group. As we all know, dual sofosbuvir/daclatasvir are



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effective drugs for the treatment of HCV. In this study, the authors used dual sofosbuvir/daclatasvir to treat a particular population and achieved satisfactory results. One of the biggest shortcomings of this study maybe the small number of research crowd and the short duration of follow-up. In addition, introduction to the overall efficacy of dual sofosbuvir/daclatasvir in the treatment of HCV at this stage was not observed in this manuscript, and it is recommended to supplement the discussion if necessary. The research crowd is all infected with HCV genotype-4, is it still effective in the treatment of other HCV genotypes?

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#### **REPLY 3:**

We did acknowledge the limitations in our study in discussion, and we gave the reasons for this which is the vulnerable nature of the study population (cancer survivors in pediatric age group), this study is the first to address this critical research



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question in such vulnerable group of patients. We have to approach this area very cautiously (given that the association of DAAs with early reactivation of hepatocellular carcinoma is still an issue not fully resolved.

This combination was chosen by authors as it is PANGENOTYPIC, and the all latest guidelines recommend the use of PANGENOTYPIC if possible, that would be of value to facilitate the process of mass treatment and WHO project of elimination of viral hepatitis by the year 2030.



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**Reviewer's code:** 00070845

**Reviewer's country:** United States

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-04-17 02:18

**Reviewer performed review:** 2019-04-29 03:16

**Review time:** 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Discuss the reasons that patients with probable cirrhosis (FibroScan .12.5, APRI > 2, etc.) were excluded from the study since they had the most to benefit



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#### **REPLY 4:**

The reason for exclusion criteria in this study and in clinical trials in general is to provide a rather homogeneous study group and not to risk a vulnerable group, taking in consideration that this dual therapy is not yet accepted by FDA, EMA or other drug authority as a line of therapy for less than 18 years old.