PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 64585

Title: Soluble Programmed Death-1 is Predictive of HBsAg Loss in Chronic Hepatitis B Patients after Antiviral Treatment

Reviewer's code: 05533642

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-02-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-24 13:38

Reviewer performed review: 2021-02-24 15:07

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

1 Please refer to the following literature,After anti-viral treatment, serum SPD-1 levels and SPD-L1 levels were decreased rapidly. Lower baseline SPD-1 levels were associated with Hbeag clearance After 2 years of anti-viral treatment in HBeAg-positive chronic hepatitis B patients. Then both SPD-1 and SPD-L1 levels are recommended for analysis in this study.   2 This study confirmed that The sPD-1 levels were higher in patients with HBsAg loss than in those without HBsAg loss;The sPD-1 levels were negatively correlated with HBsAg levels; This is almost the opposite of the above research, which is strange.   3 The sample size of this study is small, and the results of Cox analysis are almost meaningless and not reliable.The correlation coefficient in correlation analysis is also very small.   4 Statistical analysis should clarify whether sPD-1 level at baseline predicts HBsAg loss or sPD-1 level during treatment predicts HBsAg loss. For example, the summary section, which part of the data predicted HBsAg loss is not explained in detail.   [1] Xia J, Huang R, Chen Y, et al. Profiles of sPD-1 and sPD-L1 in chronic hepatitis B virus infected patients with different disease phases and after treatment. Alimentary Pharmacology& Therapeutics. 2020 Jun 51(11):1180-1187.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 64585

Title: Soluble Programmed Death-1 is Predictive of HBsAg Loss in Chronic Hepatitis B Patients after Antiviral Treatment

Reviewer's code: 05403123

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2021-02-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-24 21:48

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Review time: 15 Days and 3 Hours

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

SPECIFIC COMMENTS TO AUTHORS

1 Title. Ok 2 Abstract.   The abstract summarizes and reflect the work described in the manuscript. 3 Key words. The key words must be described according to the MeSH Terms. "Hepatitis B Surface Antigens" instead of "HBsAg" "Hepatitis B e Antigens" instead of "HBeAg" 4 Background. Ok 5 Methods.   #Patient selection criteria should be better described: - Were patients who consume alcoholic beverages included? What was the limit of daily alcohol intake allowed to include the patient in the study? - Were patients with steatosis excluded? - Why was there no inclusion of patients treated with tenofovir? - How many patients were excluded? Were there any patient losses during follow-up? Consideration should be given to using of a flow diagram. # In Table 1, it would be interesting to describe separately the number of patients who used lamivudine or adefovir dipivoxil.   6 Results.   The results of the research are interesting and intriguing. 7 Discussion.   Do the authors believe that different Elisa kits for dosing sPD-1levels can contribute to discrepant results in similar studies? Authors should comment on this in the discussion discussion.   8 Illustrations and tables.   ok 9 Biostatistics. ok   10 Units. ok   11 References. ok   12 Quality of manuscript organization and presentation. ok   13 Research methods and reporting.   Why did the authors use the ARRIVE Guidelines?   Did the authors use STROBE Statement?   14 Ethics statements. ok