Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68649

Title: Hepatitis B virus reactivation in rheumatoid arthritis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04761904
Position: Editorial Board
Academic degree: MD
Professional title: Assistant Professor
Reviewer's Country/Territory: Turkey
Author's Country/Territory: China

Manuscript submission date: 2021-06-07
Reviewer chosen by: Ze-Mao Gong
Reviewer accepted review: 2021-08-02 10:02
Reviewer performed review: 2021-08-03 12:22
Review time: 1 Day and 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, thank you for your review. I have no more comment.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68649

Title: Hepatitis B virus reactivation in rheumatoid arthritis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04072104
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Chief Doctor, Doctor, Occupational Physician, Research Scientist
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-06-07
Reviewer chosen by: Ze-Mao Gong
Reviewer accepted review: 2021-08-02 13:12
Reviewer performed review: 2021-08-08 13:43
Review time: 6 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] 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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It is an interesting article about "Hepatitis B virus re-activation in rheumatoid arthritis". My concern is determined in the following points. The relatively high prevalence of both hepatitis B infection and various forms of rheumatoid arthritis in some parts of the world will result in the coexistent diagnoses of both diseases in a substantial number of patients. The exact frequency of this association will vary according to the prevalence and incidence of each disease in each country. Methotrexate has been in clinical use for more than 50 years and only a small number of cases have been described in the literature where HBV-reactivation (HBVr) was attributable to this agent when used alone. Based on these findings there is little uncertainty that it causes reactivated hepatitis B in less than 1% of cases. Moderate doses of glucocorticoids given for 3 or more months have been shown to be associated with an increases risk of HBVr in HBsAg-positive patients. There is a high level of confidence that the true risk of HBVr with chronic systemic corticoid therapy is anticipated to be lower in HBsAg-negative, anti-HBc-positive patients. However, paucity of data, a precise estimate cannot be provided. Abatacept blocks co-stimulation of T lymphocytes and is currently used in advanced cases of rheumatoid arthritis. Abatacept would be associated with reactivation rate that is greater than 1% but less than 10%, but due to the paucity of data there is little confidence in this estimate. When compared to HBsAg-positive patients, individuals who are HBsAg-negative, anti-HBc-positive appear to have a lower risk of HBVr when exposed to moderate risk immune suppressive drugs such as TNF alpha inhibitors; however, due to the paucity of data, a precise estimate of baseline risk was not possible. The existing data support that the risk may be partly attributable to the concomitant use of other immune suppressive drugs which are in the lowrisk category. By contrast, when

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

high risk agents such as rituximab are used in anti-HBc-positive patients, high rates of reactivation in excess of 10% occur and antiviral prophylaxis can be anticipated to result in similar absolute risk reduction as described for HBsAg-positive patients. Authors should refer to the above contents.