

PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 73420

Title: Safety of Direct Acting Antiviral treatment for hepatitis C in oncologic setting: a clinical experience and a literature review.

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01807636

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Switzerland

Author's Country/Territory: Italy

Manuscript submission date: 2021-11-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-26 07:31

Reviewer performed review: 2021-12-06 19:23

Review time: 10 Days and 11 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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript has potential because it summarizes data on an important topic. It contains, however, some imprecise data and statement that should be amended. There is also room for reducing the text and tables. My comments: 1. The introduction contains several mistakes. The number of HCV genotypes is no longer 6, but 8 and there are several subtypes of interest (more than 90). For general data please refer to the WHO Global Hepatitis Report; 2. The mortality is about 400,000 per year; 3. The relationship with some non-liver cancers should be toned down, as no solid direct evidence exists; 4. Please do not use “second generation DAA”, but simply “currently used DAA”. The use of “generation” in this field is not accepted by experts; 5. The whole paragraph on interferon alpha can be omitted; 6. The lists presented in pages 13 and 14 are redundant with Table 5b, and therefore can be deleted; 7. Tables 3 and 4 can also be deleted: these data are well known; 8. The text requires some editing by an English native speaker.

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Title: Safety of Direct Acting Antiviral treatment for hepatitis C in oncologic setting: a clinical experience and a literature review.

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05190007

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Italy

Manuscript submission date: 2021-11-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-07 01:13

Reviewer performed review: 2021-12-11 02:29

Review time: 4 Days and 1 Hour

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
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

Spera AM reviewed the safety of DAAs for hepatitis C in the oncologic setting. The topic is interesting and important in the field. The title reflects the main subject of the manuscript. The presented figure is clear. However, references and abbreviations were not used appropriately. Language needs some revision. Some comments: The title: is it "Direct aging antiviral" or direct acting antiviral? Abbreviations are not used appropriately: examples - Page 3: line 2, "HCV reactivation" is spelled out after being previously abbreviated in page 2 - Page 3: SVR was mentioned without being previously spelled out Language needs some revision: examples - Page 1, paragraph 3: "determining a insufficient reduction"----- "an insufficient" Page 1: - It is unclear how the typical outcome is a spontaneous resolution of HCV infection, despite mentioning that up to 85% of infected people will develop chronicity. - What is meant by "despite concomitant serological recovery"? - "Any kind of immune central reconstitution after immunosuppressive medication can trigger viral reactivation in this chronic setting of hepatitis C virus". Where is the reference of this knowledge? Page 2: - First line: "Approximately two weeks before hepatitis flares, an increase in viral RNA often occurs"..... The reference is for HBV and not HCV. - How "early identification of HCV infection and/or its reactivation can be ensured only by liver function testing and anti-HCV and viral load level surveillance"? Page 3: - "The first therapeutic combination employed against HCV infection in 1990 was based on pegylated interferon (IFN) plus ribavirin"----- The first IFN was the standard one and not the pegylated. Peg-IFN was introduced in 2002. References: - Page 1; reference 2 in line 4 is not the optimum one - Page 1; last line, references 10 and 11 are not the optimum

references - Check typing of reference 10