
January 1, 2014

Dear Editors and Reviewers:

Please find the enclosed the edited manuscript in Word format (file name: 7429-review.doc)

Title: Hepatitis B surface antigen (HBsAg) levels during the natural history of chronic hepatitis B (CHB): A Chinese perspective study

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Thank you for your letter and for the reviewers' comments concerning our manuscript.

Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

1. Format has been updated
2. Revision has been made according to the suggestions of the review:

Reviewer #1:

Thanks to you for your good comments, our study aimed to determine baseline HBsAg during the different phases of chronic hepatitis B (CHB) in China. Baseline HBsAg quantification may be used as a good marker for predicting treatment effect of immune-modulator therapy or oral nucleos(t)ide analogue therapy.

Reviewer #2:

(1). Line 15-17 of abstract section “Serum HBsAg titers showed most strong correlated with HBV viral load in the IC phase ($r=0.683$, $p<0.001$). No correlation between the serum HBsAg level and ALT/AST was observed” were corrected as “Serum HBsAg titers showed most strong correlated with HBV viral load in the IC phase ($r=0.683$, $p<0.001$), but no correlation between the serum HBsAg level and ALT/AST was observed”; line 9 of introduction “favorable” were corrected “reliable”; first line of “patient” section: “antivirus” were corrected “antiviral”; line 5 of the same section “has” was corrected “had”; second line of “Distribution of Serum HBsAg levels” “differences” was corrected “differences”.

(2). We are very sorry for our negligence of listing which were these marker of autoimmune and metabolic liver disease. Such as Ceruloplasmin, anti-nuclear antibody and anti-mitochondrial antibodies.

(3). The authors should state how they diagnosed liver cirrhosis (liver biopsy, clinically, etc). Liver cirrhosis diagnosed based on clinical manifestations or pathology.

(4). From statistical analysis section it seems that data are distributed in a non-Gaussian fashion. The authors correctly used non parametric tests such as Spearman test. However, they reported “ r ” as the correlation test while Spearman test should be reported as “ ρ ”. It is really true as Reviewer suggested that Spearman test should be reported as “ ρ ”. We had reported as “ ρ ” in figure 1 and table 3.

(5). Considering the Reviewer’s suggestion, we have added some relevant references according the Reviewer. Please see the article.

(6). We have re-written this part according to the Reviewer’s suggestion, erased the

sentences about treatment consequences: “Therefore, these results may have important suggestion for monitoring HBsAg as a response predictor during antiviral treatment as already demonstrated in PEG-IFN, ETV therapy. Future longitudinal studies should be conducted to confirm these results”. Re-written as: “Our findings can further understanding the pathophysiology and the natural history of hepatitis B infection.”

Reviewer #3:

Special thanks to you for your good comments. In future work, we will further study hepatitis B virus and hepatitis B surface antigen.

Reviewer#4:

Sincerely yours,

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