

Format for ANSWERING REVIEWERS



Naples 13 March, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:paper).

Title: CLINICAL IMPACT OF OCCULT HBV INFECTION IN IMMUNOSUPPRESSED PATIENTS

Authors: Evangelista Sagnelli, Mariantonietta Pisaturo, Salvatore Martini, Pietro Filippini, Caterina Sagnelli, Nicola Coppola

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 7687

The manuscript has been improved according to the suggestions of the reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

3 References and typesetting have been corrected

Reviewed by 00070577

The authors reviewed occult HBV infection in immunosuppressed patients. The theme is interesting. I have some concerns about this paper; 1. The authors showed flow of management in figure1. Do the authors make the figure or do the author refer some guideline or paper? In this figure the authors refer only Lamivudine. How about entecavir? The authors should write more detail. 2. Is specific genotype susceptibility to activation? 3. When HBV are activated, what marker increase first? HBV-DNA? The authors should make figure about typical activation showing HBV-DNA, ALT etc. 4. The authors should make figure for manage HIV infection

Answer to point 1: As suggested by the reviewer, details on the effectiveness of Entecavir in the prevention of HBV reactivation have been given and discussed in the new manuscript. Figure 1 in the old manuscript is now Figure 2 in the new manuscript (in accordance with the current international guidelines. As suggested by the reviewer, the possible use of Entecavir instead of Lamivudine to prevent HBV reactivation has been stated in the text and in Figure 2 of the new manuscript.

Answer to point 2: Following the suggestion of the reviewer we have presented some data on specific genotype susceptibility to HBV reactivation.

Answer to point 3: The dynamics of the biochemical and virological characteristics of HBV reactivation have been stated in the Introduction section and in Figure 1 of the new manuscript.

Answer to point 4: As suggested by the reviewer, we have added Figure 3 to the new manuscript showing the management of occult HBV infection in HIV-positive patients.

Reviewed by 02861277

“Sagnelli and colleagues widely described the current knowledge concerning the effects of occult HBV infection in immunosuppressed/compromised patients. Nonetheless, on the base of the data reported in the present review, I believe that the authors could still add or discuss three recent publications relative to this interesting topic. Occult HBV infection in Morocco: from chronic hepatitis to hepatocellular carcinoma. Kitab B, Ezzikouri S, Alaoui R, Nadir S, Badre W, Trepo C, Chemin I, Benjelloun S. Liver Int. 2014 Feb 6. doi: 10.1111/liv.12482. Lack of hepatitis B virus reactivation after anti-tumor necrosis factor α agents therapy in antibody to hepatitis B core antigen positive/hepatitis B surface antigen negative subjects with chronic inflammatory arthropathies. Biondo MI1, Germano V1, Pietrosanti M1, Canzoni M1, Marignani M2, Stroffolini T3, Salemi S1, D'Amelio R4. Eur J Intern Med. 2014 Feb 1. pii: S0953-6205(14)00014-4. doi: 10.1016/j.ejim.2013.11.014. Development of cost-effective real-time PCR test: to detect a wide range of HBV DNA concentrations in the western Amazon region of Brazil. de Oliveira Dos Santos A, Souza LF, Borzacov LM, Villalobos-Salcedo JM, Vieira DS. Virol J. 2014 Jan 28;11(1):16. doi: 10.1186/1743-422X-11-16”.

Answer: The data from the 3 studies suggested by the reviewer have been included in the new manuscript.

We thank the reviewers for their constructive comments and hope our revised manuscript is worthy of publication in the *World Journal of Hepatology*

Sincerely yours,
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