

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 87082

**Title:** Risk of hepatitis B reactivation in patients with myeloproliferative neoplasms treated with ruxolitinib: a review

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06195974

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Romania

**Manuscript submission date:** 2023-07-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-08-01 21:36

**Reviewer performed review:** 2023-08-01 21:46

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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

<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

In this minireview, the authors provided overview the association between ruxolitinib treatment in MPNs and hepatitis B reactivation. After a literature review, they concluded that ruxolitinib's interaction with the immune system can increase the susceptibility to opportunistic infections, highlighting the need for careful monitoring and timely intervention and there is a potential for HBVr, especially in patients with a history of HBV infection. Close monitoring of liver function and proactive measures, such as prophylactic antiviral therapy, are crucial to manage these risks. Thus, ruxolitinib offers therapeutic benefits for MPNs, but a careful evaluation of infection risk, regular monitoring, and appropriate interventions are essential to ensure patient safety. The review is of interest.

I have only a comment that in my opinion could improve the clinical significance of this manuscript. The authors should recall the importance of other co-factors in natural history of HBV infection. In particular, the role of alcohol intake should be recalled and discussed since it was previously demonstrated that alcohol intake is an independent risk factor for cirrhosis and hepatocellular carcinoma development inn HBV patients as previously demonstrated (Natural course of chronic HCV and HBV infection and role of alcohol in the general population: the Dionysos Study. Am J Gastroenterol. 2008 Sep;103(9):2248-53.).

**RESPONSE:** Thank you for the positive feedback regarding our manuscript. We have mentioned the contributing role of alcohol to the development of cirrhosis and HCC as instructed and cited the indicated reference.

Dear Dr. Gaman,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 87082, Minireviews) basically meet the publishing requirements of the *World Journal of Hepatology*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

## 1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than **14 days**. **Please note that you have only two chances for revising the manuscript.**

## 2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

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Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and **highlighted the revised/added contents with yellow color in the revised manuscript**. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this minireview, the authors provided overview the association between ruxolitinib treatment in MPNs and hepatitis B reactivation. After a

literature review, they concluded that ruxolitinib's interaction with the immune system can increase the susceptibility to opportunistic infections, highlighting the need for careful monitoring and timely intervention and there is a potential for HBVr, especially in patients with a history of HBV infection. Close monitoring of liver function and proactive measures, such as prophylactic antiviral therapy, are crucial to manage these risks. Thus, ruxolitinib offers therapeutic benefits for MPNs, but a careful evaluation of infection risk, regular monitoring, and appropriate interventions are essential to ensure patient safety. The review is of interest. I have only a comment that in my opinion could improve the clinical significance of this manuscript. The authors should recall the importance of other co-factors in natural history of HBV infection. In particular, the role of alcohol intake should be recalled and discussed since it was previously demonstrated that alcohol intake is an independent risk factor for cirrhosis and hepatocellular carcinoma development in HBV patients as previously demonstrated (Natural course of chronic HCV and HBV infection and role of alcohol in the general population: the Dionysos Study. *Am J Gastroenterol.* 2008 Sep;103(9):2248-53.).

**RESPONSE:** Thank you for the positive feedback regarding our manuscript. We have mentioned the contributing role of alcohol to the development of cirrhosis and HCC as instructed and cited the indicated reference.

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

#### **5 ABBREVIATIONS**

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

- (1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) **Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
- (3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).
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Example 2: *Helicobacter pylori* (*H. pylori*)

(8) **Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) **Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### (1) *Science editor:*

The manuscript has been peer-reviewed, and it is ready for the first decision.

### (2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report and the full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Hepatology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The quality of the English language of the

manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>. Uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023.

**RESPONSE:** Thank you for the positive feedback regarding our manuscript. The paper was edited by a native speaker of English listed among the authors.

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Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.

### Step 2: Manuscript Information

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#### **Step 4: References**

Please revise the references according to the Format for References Guidelines, and be sure to edit the reference using the reference auto-analyser.

#### **Step 5: Footnotes and Figure Legends**

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**RESPONSE: All files have been provided.**

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**RESPONSE:** The CLA has been provided. However, we did not receive the link to sign it virtually by email.

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Please click and download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.

**RESPONSE:** The ICMJE COI form has been provided.

Best regards,

Li Ma, Science Editor, Editorial Office Director, Company Editor-in-Chief, Editorial Office

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