



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 13651

**Title:** Predictive factors associated with hepatitis C antiviral therapy response

**Reviewer’s code:** 02530754

**Reviewer’s country:** Spain

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-08-29 08:05

**Date reviewed:** 2014-09-13 05:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

The present manuscript by L. Nascimientto and A. Castro is an informative review summarizing the predictive factors of SVR after antiviral therapy in HCV patients. The authors provided a detailed description of these predictive factors according to the different antiviral protocols available. This is a very relevant issue and I feel that the most relevant information is already included in the manuscript. However there are some aspects deserving further discussion: 1- Given the large amount of features related to reduced SVR rates after antiviral therapies... Would the authors recommend to avoid antiviral treatment under certain unfavourable conditions? For instance triple therapy may not be used in patients with advanced cirrhosis with portal hypertension. This information may be added to the final section of the manuscript. 2- The liver transplantation is a complex scenario for antiviral therapies but their role for the patient within waiting list or with severe HCV recurrence is central. Please comment. 3- The efficacy of the antiviral agents in the randomized controlled trials is far from the actual clinical impact in daily practice, as nicely shown with the CUPIC series. The importance of well designed observational studies is critical. Please comment. 4- The increased cost of the new antivirals is another reason to improve the selection of candidates to receive the therapy. The grade of



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liver fibrosis is the most powerful predictor of SVR (even more than IL28 polymorphism status in my opinion). In many countries the use of the new antivirals is restricted to patients with advanced liver disease. A recent metaanalysis published in Hepatology by Tsochatzis et al may add relevant information to the present manuscript regarding the cost-effectiveness of the new antivirals. 4- As a minor remark the manuscript may benefit from further English proofing.



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**Title:** Predictive factors associated with hepatitis C antiviral therapy response

**Reviewer's code:** 00069814

**Reviewer's country:** Egypt

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-08-29 08:05

**Date reviewed:** 2014-11-06 21:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Interesting review I. It needs some language corrections