



## ESPS JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 19399

**Title:** The relationship between low-level hepatitis B virus DNA and FIB-4 index in chronic hepatitis B patients with long-term entecavir therapy.

**Journal Editor-in-Chief (Associate Editor):** Han Chu Lee

**Country:** South Korea

**Editorial Director:** Jin-Lei Wang

**Date sent for review:** 2015-07-27 20:30

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ACADEMIC CONTENT EVALUATION	LANGUAGE QUALITY EVALUATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input checked="" type="checkbox"/> Revision
<input type="checkbox"/> Grade D: Fair		
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Rejection

### JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

The paper is well-written, but there are several points to be addressed. 1. I can't understand the Figure 2B. By definition, the partial responder should have positive HBV DNA at week 48. But, in this figure, 80% of HBeAg negative partial responders already had negative HBV DNA at week 48. Likewise, 100% of HBeAg positive complete responder should have negative HBV DNA at week 48 in Figure 2A. 2. Figure 4 is also somewhat confusing. In the 'Histologic liver assessment' session, 76 patients have a follow up biopsy at week 48. Then, does the X-axis in Figure 4B represent the degree of fibrosis at week 48? If it is true, FIB-4 index is no longer valid in anti-viral treated patients. Maybe, normalization of AST/ALT affected the performance. And please insert the number of patients according to the degree of fibrosis. 3. For the same reason, it is natural that FIB-4 index improved with ETV treatment, because AST and ALT are important parameters in the equation. Therefore, I think it is not appropriate to use FIB-4 index during antiviral treatment. At least, we cannot say that the fibrosis was improved by FIB-4 index because the value in Fibrosis 5 and 6 was lowered even though they still have significant fibrosis. 4. In Figure 5, the number of patients was 152, but liver biopsy was performed in 76 patients. I think it is not appropriate to assess the performance of FIB-4 index by combining pre- and post-treatment biopsies. It should be analyzed separately for the reason mentioned above. 5. It is advisable to insert the definition of group A and B in the footnote of Table 1. 6. Generally, the complete responders at week 48 had higher ALT and AST levels and the age was



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older. Therefore, it is not certain whether the difference of FIB-4 index truly resulted from the difference of fibrosis degree. I do recommend to compare the degree of fibrosis in biopsied patients between the two groups, although the sample size may be small.