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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47026

Title: Anti-hepatitis C virus therapy in chronic kidney disease patients improves long-term renal and patient survivals

Reviewer's code: 00503536

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-05 06:37

Reviewer performed review: 2019-03-10 03:35

Review time: 4 Days and 20 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript written by Chen Y-C et al. describes the effect of interferon-based therapy on renal and patient survival in chronic hepatitis C. The study is well organized and the data are important. However, there are some concerns that need to be addressed.

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Major points, 1. The association between the results of interferon-based therapy (SVR vs. non-SVR) and the prognosis of renal and patient survival is unclear. 2. Genotype distribution of HCV should be shown. Minor point, 1. Were there any patients who had been treated with both IFN and ribavirin? Ribavirin is contraindicated in most patients with CKD.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[Y] No

BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47026

Title: Anti-hepatitis C virus therapy in chronic kidney disease patients improves long-term renal and patient survivals

Reviewer's code: 02476570

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-04 09:04

Reviewer performed review: 2019-03-24 23:17

Review time: 20 Days and 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [Y] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Summary： Previous studies indicated that HCV infection contributed to the poor prognosis in patients with CKD, however, to what extent HCV infection contributes to the increased risks of death and deterioration to the ESRD have not been elucidated yet.

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Whether adequate HCV treatment contributes to decreases in the risk of death and incident ESRD have not been elucidated, too. The authors tried to resolve the questions. They performed the retrospective analysis using 93894 patients with CKD (stage 1 to 5) in Taiwan. There were 4582 patients with CKD who had prevalent HCV infection. They compared the risk of death and the risk of incident ESRD between 3 groups: 1) no HCV infected subjects (n=3856) , 2) the subjects with CKD having prevalent HCV infection and had appropriated HCV treatment with interferon (n= 482) and 3) CKD patients with prevalent HCV infection and having no HCV treatment (n= 1928) by Cox regression analysis using propensity score matching. Although the subjects with CKD having prevalent HCV infection and had appropriated HCV treatment had a 1.31-fold high risk of death compared to the risk in non-HCV infected subjects, they had a surprisingly low risk of ESRD compared to the risk in non-HCV infected subjects. The hazard ratio was only 0.34 in treated subjects. Both risks of death and ESRD in the treated group were lower than the risks in the non-treated group. The authors concluded that adequate HCV therapy in CKD patients improved long-term renal and patient survivals. Reviewer's comments: Since whether adequate HCV treatment contributes to decreases in the risk of death and incident ESRD in CKD patients with HCV infection has not been elucidated, there is a significant value to examine whether HCV treatment contributes to decreases in the risk of death and incident ESRD in CKD patients with HCV. The authors attempted to perform a retrospective analysis with a large-scale dataset regarding prognosis in patients with CKD who underwent HCV treatment. The working hypothesis and design of the retrospective analysis are thought to be reasonable, however, an incredibly low hazard ratio observed in patients who underwent HCV treatment certainly evokes deeply rooted suspicion. Why did CKD patients with HCV who underwent HCV treatment have a very low risk of ESRD compared to the risk in CKD patients without HCV infection? A lack of biological feasibility certainly makes

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quality of this study worse. It is truly regretful that a fascinating study with a large-scale sample size contributes to the waste production. I supposed that the study failed to match the baseline characteristics between the groups. The development of ESRD is mainly attributable to the decrease of GFR and other risk factors (to the future development of ESRD) increase the risk with a very slight influence. Thus, never do multivariate-adjusted analysis using a strong risk factor as one of the explanatory variables, or never do analysis using propensity score using a strong risk factor as one of the constitutive factors for generating propensity score. I would like to make a suggestion that a complete matching of distribution of the CKD stage between the groups should be done at first and other factors should be used as explanatory variables in the multivariate-adjusted model or used for the factors of the propensity score.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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[Y] No