



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 31417

**Title:** Mortality associated with hepatitis C and hepatitis B virus infection: A nationwide study on multiple causes of death data

**Reviewer's code:** 03488404

**Reviewer's country:** Hungary

**Science editor:** Jing Yu

**Date sent for review:** 2016-11-16 17:15

**Date reviewed:** 2016-11-29 22:46

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 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 checked="" 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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

Methodological issues (many undiagnosed and misdiagnosed cases) should be stressed in abstract. Many citations can be considered outdated, more recent data available.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 31417

**Title:** Mortality associated with hepatitis C and hepatitis B virus infection: A nationwide study on multiple causes of death data

**Reviewer's code:** 03700025

**Reviewer's country:** United States

**Science editor:** Jing Yu

**Date sent for review:** 2016-11-16 17:15

**Date reviewed:** 2016-12-18 09:06

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

Overview: This 3 year analysis of nearly 2 million Italian death certificates provides important epidemiologic data on prevalence nationally, regionally, and by age and gender of hepatitis B (HBV) and C (HCV) infection among the decedents. Italian death rates with HBV or HCV infection were then compared to age-standardized EU death rates over age 20-59 years; deaths and country of origin of immigrants were also analyzed. As the authors acknowledge, death certificates provide incomplete or misclassified health condition data. Hence, their data likely underestimates HBV and HCV prevalence. With Italy's higher HCV prevalence, relative to other Western EU countries, the authors should state if there has been national or regional HBV or HCV population testing efforts - which would affect rates of identified infections. Despite these limitations, the study provides data not currently available in the literature which is immediately useful for clinicians and public health authorities to follow trends in HBV and HCV disease-related mortality. Minor comments: 1. Suggest changing the title, running title, and throughout the manuscript to: "Mortality associated with Hepatitis C and Hepatitis B virus infection" 2. For clarity, mortality rates should be



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expressed as a proportion - as 45/100,000 or 45 per 100,000: "HCV-related mortality rates were higher in Southern Italy among elderly people (45x/100,000 in subjects aged 60-79 and 125x/100,000 in subjects aged  $\geq 80$  years), ... 3. P. 7, paragraph 2 - suggest revising: Such a peak is already well-recognizable from mortality rates at least in the male gender, and must be strictly monitored in the future: progression of HCV-related liver disease progresses faster with aging, ... 4. Below the bar graph of Figure 3, two disease categories are missing descriptors, which are represented by small dots and solid gray on the graph (these likely represent 'circulatory diseases' and 'all other diseases' - and should be included)



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 31417

**Title:** Mortality associated with hepatitis C and hepatitis B virus infection: A nationwide study on multiple causes of death data

**Reviewer's code:** 03664069

**Reviewer's country:** Japan

**Science editor:** Jing Yu

**Date sent for review:** 2016-11-16 17:15

**Date reviewed:** 2016-12-19 14:32

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 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 checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Dear Dr. Fedeli and colleagues, Thank you for the submission of your manuscript. I have now had the opportunity to carefully read your paper and the related literature. I have been aghast at your tremendous workloads using the Italian National Cause of Death Register. However I am afraid that there is a methodological shortcoming. Unfortunately, without functional data to support the findings and offer the kind of clinical relevance and significance, I am afraid that we find the study not fitting well our editorial requirements. Issues Death Certification is one of the good source to collect a variety of useful information. To avoid the limitation such as a misclassification, they have employed the MCODE methodology in this analysis. However the analysis of MCODE has also some limitations, for example, the authors have a direct measure of negative predictive value. Morbidity related to hepatitis virus infection is due not only to chronic liver disease, but also diverse extra-hepatic manifestations. Most of physician devotes considerable attention to degree of inflammation and severity of fibrosis in hepatitis virus infected liver. However, recent accumulation of expertise in extra-hepatic manifestations caused by hepatitis virus make certain us understands the



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importance of progressive systemic illness. I am afraid whether their sorting criteria is enough analyzable or not to provide a newly mortality data as highly value-added information.