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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37011

Title: Nucleos(t)ide analogues decreases dialysis risk in chronic kidney disease patients acquiring HBV infection: A nationwide cohort study

Reviewer's code: 02844701

Reviewer's country: India

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-04

Date reviewed: 2017-11-05

Review time: 17 Hours

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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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

Please add study limitations and recent references

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37011

Title: Nucleos(t)ide analogues decreases dialysis risk in chronic kidney disease patients acquiring HBV infection: A nationwide cohort study

Reviewer's code: 00503207

Reviewer's country: Hungary

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-04

Date reviewed: 2017-11-05

Review time: 20 Hours

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

In their manuscript, Chen et al demonstrate quite impressive data on an important topic. As the prevalence of CKD and HBV infection are both increasing, their interaction also requires attention. Although it was a retrospective study with all its limitations, but the authors used proper statistical methods and the cohort was large, so these results are strong enough to generate further, prospective studies to confirm these findings. I have only some minor comments. 1. Authors conclude, that HBV serological evaluation should be considered especially in areas of high HBV endemicity. Was this Taiwanese population such a cohort? 2. Relatively low proportion of HBV infected CKD patients did get the proper NA therapy. What was the reason of it? 3. From the results, as the lowest progression of CKD to ESRD was in the NA treated group and it seems to be significantly lower (was it?) compared with the uninfected CKD cohort, one could



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suppose, that NA treatment might be useful also in CKD patients without HBV infection to slow down CKD progression to ESRD. Is this idea absurd? It should be also discussed. Some typos in the manuscript: page 6, line 8- "glomerular filtration rate" page 7, line 2- "HBV-DNA". page 8, line 15- >18 years page 9, line 15- 442+1326 is not 1120. In summary, this is a well-written paper with important clinical messages. After these minor issues I recommend it for re-consideration to be published.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37011

Title: Nucleos(t)ide analogues decreases dialysis risk in chronic kidney disease patients acquiring HBV infection: A nationwide cohort study

Reviewer's code: 02888410

Reviewer's country: Spain

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-04

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Review time: 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input 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 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Overall, manuscript is too long. Tables 1, 2 ,3 and 4 would be better placed on a supplementary file. Table S1 is unneeded, data are shown in Results. After reading the manuscript there is an issue that has not been addressed by the authors: Why treated patients have lower incidence rates than those uninfected? The conclusion could be that antiviral drugs are nephroprotective, but the current evidence is that antiviral therapy may be nephrotoxic. How can this effect be explained. Discussion, abstract and conclusions should be modified. Discussion is extremely long. In the third paragraph the statement: "None of the above studies evaluated NNT. Our present study showed that the NNT for one fewer ESRD at 12 years was 12" has been used previously in the first paragraph and should be erased. The fifth paragraph does not add information, it should be excluded. The other paragraphs should be shortened.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37011

Title: Nucleos(t)ide analogues decreases dialysis risk in chronic kidney disease patients acquiring HBV infection: A nationwide cohort study

Reviewer's code: 03647881

Reviewer's country: Taiwan

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-04

Date reviewed: 2017-11-19

Review time: 14 Days

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
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COMMENTS TO AUTHORS

HBV infection was reported as a risk of developing reduced glomerular filtration rate in general population before [1] and moreover, on large cohort study found 20% patients of ESRD had evidence of past HBV infection [2]. The HBV infection in CKD patient was seems to be an important lesson. In this study, authors reported decreased overall incidence of ESRD in treated group (2.2%) than untreated group (10.1%). But, interesting, the incidence of ESRD in uninfected group (7.3%) was high than treated group (2.2%), too. The authors should try to explain this result and due to this is a retrospective study which uses nationwide database, some detail information couldn't be obtained. The baseline eGFR, the etiology of CKD, the HBV viral load, the kind of NA or the duration of NA use, these factors might to the bias in this study. In the conclusion, we learned that HBV infection causes decreased eGFR in CKD patients and NA might give some



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benefit in HBV-infected CKD patients with decreased incidence of ESRD. But, is NA improving renal function in general population? Or the overall incidence of ESRD in this study (which is better in treated group than uninfected group) is not so exactly and causes by the bias due to the study design. [1]. Fabrizi F, et al. Association between hepatitis B virus and chronic kidney disease: a systematic review and meta-analysis. *Ann Hepatol* 2017; 16(1):21-47. [PMID: 28051791; DOI: 10.5604/16652681.1226813] [2]. Sowole L, et al. The prevalence of occult hepatitis B virus (HBV) infection in a large multi-ethnic haemodialysis cohort. *BMC Nephrol* 2015;16:12. [PMCID: PMC4352543; DOI: 10.1186/s12882-015-0010-z] Thanks!