

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65756

Title: Extremely high titer of hepatitis B surface antigen antibodies in a primary hepatocellular carcinoma patient: a case report

Reviewer's code: 05752753

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-04-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-01 07:35

Reviewer performed review: 2021-04-02 06:41

Review time: 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

1. Congratulations to the authors for presenting a difficult case scenario of very high serum anti-HBsAg antibody levels in a patient with undetectable serum HBsAg levels. Though it has been described very well in literature by various studies the issue needs to be deliberated upon. 2. The authors can consider significantly reducing the word count in the case report for a more impactful presentation specifically addressing the issue possibility of viral replication in spite of anti-HBsAg antibody levels. 3. Specific literature search for the titers of anti-HBsAg antibody in similar cases/cohorts which can be presented as a table for easy comparison and understanding. 4. As mentioned if the gene sequencing of HBV DNA is under process and expected in a short time, its result would be added credibility to the report. 5. The conclusion may be modified to help clinicians make a better decision about the levels of anti-HBsAg antibody above which further evaluation may be indicated in a patient (This would warrant a further literature search to address this specific issue)

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Reviewer's code: 00003935

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Canada

Author's Country/Territory: China

Manuscript submission date: 2021-04-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-01 14:56

Reviewer performed review: 2021-04-02 13:59

Review time: 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Major comments 1. There have been entire series published on the topic of HCC complicating occult HBV infection. This case report is therefore not particularly novel, just because there is a high titer of HBS AB. For a summary of these series see Pollicino T and Saitta C. World Journal of gastroenterology 2014; 20: 5951 Minor comments 1. In the abstract, "liver occupation" is an awkward term that could be replaced. 2. In the background section, it should be noted that HCC is also associated with any cause of cirrhosis in addition to the other conditions listed. 3. In the third paragraph of the background, it is misleading to state that the antiviral agents "eliminate" HBV from the host. That sentence could be revised. 4. In the case presentation, the term "floriform tremor" is used. That term generally means resembling a flower. Did the authors mean an absence of asterixis? 5. What were the tumor dimensions? 6. What was the HBV DNA value? 7. How was the diagnosis of cirrhosis established? 8. Surgery was mentioned. What was the histology of the tumor? What was the histology of the surrounding liver tissue? Was additional staining done? 9. It might be more valuable to state the world wide prevalence of hepatitis B rather than the annual incidence. 10. The authors mention poor specificity of serum alpha-fetoprotein but do not mention the poor sensitivity, which is its major shortcomings. 11. The mechanism by which hepatitis B leads to HCC is duplicated in both the background and the discussion. It only needs to be mentioned only once in the manuscript. 12. The authors suggest routine measurement of serum HBV DNA after clearance of HBsAg to detect patients at risk for HCC. This might be reasonable but in order to propose this we would need to know the frequency of occult hepatitis B and the level of risk these patients have of developing HCC. Is it the same or is it less than in patients who have ongoing HBsAg positivity?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65756

Title: Extremely high titer of hepatitis B surface antigen antibodies in a primary hepatocellular carcinoma patient: a case report

Reviewer's code: 00505584

Position: Editorial Board

Academic degree: FACS, MD

Professional title: Full Professor, Professor, Surgical Oncologist

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2021-04-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-03 09:52

Reviewer performed review: 2021-04-03 10:21

Review time: 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an extremely interesting case report describing a patient with technically negative Hepatitis B viral titers, but occult Hepatitis B infection who presented with hepatocellular cancer (HCC). The article is well-written and the case is should be interesting for the readers of World Journal of Gastroenterology. I only have 2 questions

1. Why did the authors choose the expression "fast in and fast out" sign as opposed to the more commonly used "washout."
2. Do the authors ever use Des- γ -carboxyprothrombin (DCP) as a tumor marker for HCC? Several papers have noted that it is more accurate than AFP in diagnosing HCC. Could the authors comment on its utility as a screening tool and if they recommend any other tumor markers for the detection of HCC.