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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4703

Title: HCV Control among Persons who Inject Drugs Requires Overcoming Barriers to Care

Reviewer code: 00182548

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-17 15:09

Date reviewed: 2013-07-24 01:35

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

People who inject drugs are a source of contamination by HCV. Therefore, the subject has social and epidemiological importance. The solutions proposed by the authors are logical and show a good knowledge of the U.S. healthcare system. The article is useful and aims to sensitize the medical world with this problem that interests us all. English is very good. I think the article deserves to be published.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4703

Title: HCV Control among Persons who Inject Drugs Requires Overcoming Barriers to Care

Reviewer code: 02441391

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-17 15:09

Date reviewed: 2013-08-31 23:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This article highlights the obstacles to providing HCV care to persons who inject drugs (PWIDs). Barriers to treatment uptake in this population exist at multiple levels. The obstacles to receiving care at patient level are lack of HCV-related knowledge and limited access to health care services. Also, many health care providers remain hesitant to prescribed antiviral therapy due to concerns about adherence and relapse to drug use resulting in reinfection. Then, the authors propose several strategies to engage these individuals into HCV care. Firstly, they advocate that education about the infection among both PWIDs and providers is a potentially successful approach to engage PWIDs into HCV care. Secondly, co-localization of HCV preventive and treatment services at venues where PWIDs receive care for drug addiction is another strategy likely to increase patients entering into HCV management. Finally, the authors emphasize that multicomponent sponsorship is needed to work collaboratively to increase HCV treatment for PWIDs. This topic highlight might be helpful to establish innovative strategies for expanding HCV care and treatment in many countries of which injection drug use is the primary route of HCV transmission. However, it would be more interesting if the author provide the realized strategies that could overcome financial obstacles because this is one of the significant barriers in many developing countries or even in the United States.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4703

Title: HCV Control among Persons who Inject Drugs Requires Overcoming Barriers to Care

Reviewer code: 02438786

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-17 15:09

Date reviewed: 2013-09-02 12:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

All HCV patients irrespective of drug abuse status share many barriers to the treatment uptake and their solutions. For example, there are recommendations to develop patient advocacy groups and use telemedicine to improve uptake of treatment by all HCV patients. Authors suggest an additional measure that is co-localization of HCV management with substance abuse facilities, which may result in greater treatment uptake for PWID. Though the article is subdivided into three parts, the reader has to put some effort to understand the exact message. There are long sentences throughout the text. Breaking the text into separate points relevant to patients and health care providers would make it easier to understand. The conclusion of the article is again lengthy and not to the point. This review does not contain any table or figure related to the summary of the work already done. Minor point: "Co-localization of medical services" as a measure mentioned twice in the abstract