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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5650

**Title:** Chronic hepatitis C virus - Who should wait for treatment?

**Reviewer code:** 00181536

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-21 19:37

**Date reviewed:** 2013-09-22 20:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" 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 summarized the recent knowledge and future perspectives for the treatment of chronic hepatitis C. This paper exhibits very impressive review of the patients who should receive triple regimen right now and who should wait for the next generation treatments. There are only several typing errors to be pointed out. Minor 1. P8L20 albumin <35g/dl must be changed to "3.5 g/dl". 2. P8L21 "lower fibrosis" must be changed to "higher fibrosis" or "progressed fibrosis". 3. P12L22 "IL28B" might be better to change to "IL28B genotype"



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5650

**Title:** Chronic hepatitis C virus - Who should wait for treatment?

**Reviewer code:** 02527378

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-21 19:37

**Date reviewed:** 2013-09-24 00:54

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 checked="" 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 checked="" 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

The manuscript is well organized. This author thinks that the paper is acceptable after minor revision. The Authors should subdivide the paper in different subparagraph to do the manuscript more clear and legible.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5650

**Title:** Chronic hepatitis C virus - Who should wait for treatment?

**Reviewer code:** 00159772

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-21 19:37

**Date reviewed:** 2013-10-02 03:54

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 checked="" 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 checked="" 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

The review article by Tovo and Mattos is important particularly for resource-limited countries. There are a few comments regarding the review article: Major Comments -The title should reflect the review content which mostly includes data concerned with HCV genotype 1. There are very few data, if any, reporting on other genotypes. This also echoes in the conclusion section where the phrase "favorable genotype" should be further clarified. - The review itself is well-written but may be shortened in particular the introductory and natural history sections. -Adding systematic reviews would render the article more evidence-based. -The authors are encouraged to add cost-effective analyses studies for Peg-interferon plus ribavirin and triple therapy with protease inhibitors. It would be worthwhile discussing the tangible resources in treating patients with HCV. This would assist in directing guidelines particularly in resource-limited settings. Minor Comments: -The review should be divided into sections starting with Introduction. -There was no reference within the text to table 1, shown at the end of the article. - We should ponder about how far cirrhotic patients prior null responder should be treated should be changed to we should ponder about how far prior null responder cirrhotic patients should be treated - page 4: Almeida et al [18] did not have said problem. Please clarify -The authors are encouraged to add the reference by Chen et al, Clin Gastroenterol and Hepatol, 2013 discussing the uptake of triple therapy in the US after FDA approval among genotype 1 patients. The review article by Chae et al, Scientific World Journal, 2013 would also be helpful.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5650

**Title:** Chronic hepatitis C virus - Who should wait for treatment?

**Reviewer code:** 00011088

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-21 19:37

**Date reviewed:** 2013-10-06 23:08

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 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 is an overview of the major critical issues that have to be considered when we have to decide which patients to treat and which to defer to newer and future treatment schedules. On the whole, this manuscript is well constructed and a valid contribute to discussion in this field. However, a couple of point have to be pointed out. -The main critical issues in triple treatment concern all cirrhotics previously treated with dual treatment and previous null responders with advanced fibrosis or IL28 non-CC genotype. For these patients the balance between the low probability of response to boceprevir or telaprevir-based treatment and the need of prompt therapy is the major critical point. The decision strategies become even more difficult in older patients in whom comorbidities and poor compliance are common. However, the careful selection of patients (avoiding treatment in poor compliant or cirrhotics with low albumin and low platelet count) and the extensive use of a 4-week lead-in with PEG and RBV to identify patients more likely to achieve an SVR, would guide our decision. We have also to bear in mind that treating all potential (and proper) candidates (including those patients with favourable predictor of SVR, as na?ve patients with low fibrosis grade, low viral load, etc) is the only way to reduce the burden of HCV-related long term complication while waiting for newer, safer and more powerful (but not less expensive) drugs. In this light I suggest to the author to reconsider your conclusion. -In the conclusion again, I disagree with the recommendation to undergo patients candidate to triple treatment to a liver biopsy. There are sufficient data in literature to stare that a proper use of transient elastography in patients with chronic hepatitis C (a technique which allow prospective and not expensive measurements) is able to define the fibrosis stage in these patients. Of course, the use of liver biopsy is mandatory in cases of not congruent measurements or in case of discrepancies with other clinical data. This is an opinion



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largely shared and followed in many European countries. I suggest to the author to take this in account in your conclusions. Some phases have to be carefully revised in terms of language.