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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:** 5993

**Title:** What physicians should know about chronic hepatitis B in children? -East Side Story-

**Reviewer code:** 00000037

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-09-30 13:30

**Date reviewed:** 2013-10-14 18:04

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

To the Editor, Dr. Lian-Sheng Ma

Object:

Revision of manuscript ID (01944014) :

What physicians should know about chronic hepatitis B in children? -East Side Story-

By Hun-Jee Choe and Byung-Ho Choe

Reviewer's comments.

I read with interest the paper by Choe et al., providing an overview regarding various aspects of chronic Hepatitis B management in children.

It is my opinion that the manuscript should be improved according to the indications provided to be published.

The general philosophy of the paper is interesting but its structure should be improved.

The classification of the manuscript is grade C.

#### Major issues

General comments

- 1) It is not clear to whom the paper is directed to, since some of the topics are treated in depth in an extremely accurate and specialistic way, while other basic issues are poorly addressed or not even mentioned.

- 2) Topics discussed in detail should be better summarized in tables and/or flow charts to render the material more available and practical for the reading physician.

#### Detailed issues

##### Methods:

There are no methods paragraph in the paper. Search strategies, consequent study selection, and methods of data extraction should be provided and detailed.

##### Contents:

Despite the evident and laudable Authors' efforts to produce a paper on the delicate issue of HBV management in children, I believe that some of the issues should have been detailed in further points:

- In the introduction there are neither data about the actual prevalence of HBV worldwide nor in East Asia. Thus, if the review was issued for medical education purposes, we believe that these data should have been provided to define the burden of HBV among children in this area.

As the Authors correctly point out in the introduction section, the reduction of HBV prevalence obtained with the introduction of universal vaccination. However, data on vaccine response, need for HBV status checking after having completed vaccine schedule, or management of non responders have not been provided.

- As indicated by the authors the main modality of HBV infection transmission in Asia is the vertical, and few data about perinatal transmission prevention program are given in the introduction.

Regarding the natural history of HBV infection, I believe that the Authors should have provided the rates of chronic infection development after infection in the different ages ranges, and define in detail the concept of chronic hepatitis. In addition, in the "natural history of chronic hepatitis B" paragraph data on the rate of evolution from chronic hepatitis to cirrhosis and on the risk of hepatocarcinoma development, the two major complication of hepatitis in terms of morbidity and mortality, should be provided.

In the "liver biopsy" paragraph indications on who and when to perform liver biopsy should be provided. Comments on the possible role of non invasive testing (e.g.Fibroscan) should be addressed to complete this paragraph.

Interferon, and preliminary phase III data on peg-interferon treatments have not been addressed. Even with limited results in terms of percentages, this class provides a true chance of cure, offering a limited but



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interesting opportunity of HBsAg loss. Thus, the possible benefits and limits of this class of medications should be provided and discussed. Comparative comments on other antivirals should be addressed. A flow chart with the possible therapeutic choices in the different setting might help in the understanding and practical application of data regarding drug management.

Management of nucleos(t)ide therapy on the basis of laboratory results should be preferably discussed in a separate paragraph instead of including it in the diagnosis paragraph.

What is discussed in the paragraph “missing treatment and liver complication” should be included in the “natural history of hepatitis B” chapter, since these are the natural evolution of of chronic HBV infection.

### Structure

Main paragraphs have been numbered with progressive arabic numerals as subparagraphs. This modality of presentation renders difficult to follow the logical structure of the paper. I suggest that the fragmentation in subparagraphs should be reduced to the minimum, and that these should be better defined, for example using roman numerals.

### Language

English style should be strongly improved and should be revised by an English speaking person. The language could be ranked as grade C.

To render the paper more suitable for publication, we suggest the authors to analyze and confront the recently published paper by EASL on the management of HBV in childhood.

Best Regards,  
Dr. Massimo Marignani