

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5552

**Title:** Then and Now: The Progress in Hepatitis B Treatment over the Past 20 years

**Reviewer code:** 02445719

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-09-15 16:12

**Date reviewed:** 2013-09-26 02:10

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This review on the advances in chronic HBV infection treatment over the last two decades is of potential interest to readers. I would like to point out some minor points to add to the manuscript. Comments: 1) It is stated in abstract that the ultimate goal of HBV treatment is HCC prevention. However, as the major guidelines point, prevention of disease progression, hepatic decompensation and improvement of patients QOL are major goals of the therapy and should be included in the manuscript. 2) Section of "Progression of Hepatitis B treatment", second paragraph 5th line: Serial ALT and HBV-DNA monitoring every 3 months for 1 year...It should be discussed that this attitude is also useful to differentiate chronic active HBeAg negative hepatitis from inactive carriers in recently diagnosed HBV carriers. 3) Safety issues about potential bone and renal toxicity by nucleotide analogues are missing 4) Effectiveness of modern analogues on decompensated cirrhosis are lacking. A discussion on potential benefit of modern analogues administration on the rate of liver transplantation should be added. 5) Discussion on the prevention of mother to child transmission by telbivudine should be discussed. 6) Reference 88 is a retrospective analysis of a database, limitations of these results should be stated. 7) Risk of HCC development significantly lowers but not disappears with HBV-DNA suppression. Please, discuss potential mechanisms of HCC risk persistence. 8) Use of tables summarizing relevant information may improve readability of the MS. Minor Comments: 1) Abbreviation for Telbivudine should be LdT instead of TLV, which may be confused with telaprevir. 2) Truvda (Truvada) on p.17

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5552

**Title:** Then and Now: The Progress in Hepatitis B Treatment over the Past 20 years

**Reviewer code:** 00504090

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-09-15 16:12

**Date reviewed:** 2013-10-10 17:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ Y] Grade A (Excellent)	[ Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	[ ] Existed	[ Y] Minor revision
[ ] Grade E (Poor)		[ ] No records	[ ] Major revision

## COMMENTS TO AUTHORS

The manuscript (ESPS Manuscript N<sup>o</sup>: 5552) of Halego ua-De Marzio D. & Hann H.-W. surveys the current

status of (and the recent progress made in) Hepatitis B Treatment.

The rationale given for this review is appropriate, all the more because chronic Hepatitis B infection is still

far to be eradicated worldwide, despite the availability of vaccine and medications. Also, there is no doubt

that such a review is of great interest to a broad and heterogeneous readership of medicinal scientists, and

so the present article falls within the scope of the *World Journal of Gastroenterology*.

The manuscript is well constructed, written and referenced, and it is scientifically and methodologically

appropriately developed. Moreover, the narrative style of the authors is noteworthy. However, the manuscript suffers from several minor drawbacks. That is why the manuscript needs to be slightly amended before publication. And, in this regard my comments and suggestions are as follows:

- Page 2, antepenultimate line 5: correct "therapy halt the progression" by "therapy halts the progression".

- Page 9, line 7: correct "treatment are to achieve" by "treatment is to achieve".

- Page 12, line 8: change "at I year and later" by "at one year and later".

- Page 12, line 16: correct "at year 3, .the rate" by "at year 3, the rate".

- Page 21, Reference 5: correct that Reference as "Lancet, 1970, **295**(7649): 695-698".

- Page 21, Reference 9: correct that Reference as “study of 22 707 men in Taiwan. Lancet 1981; 318(8256)”.
- Page 22, Reference 10: correct “immunetolerant” by “immune-tolerant”.
- Page 36, Reference 94: correct “J of Hepatol” by “J Hepatol”.
- Page 37, Reference 98: correct “HBV□related” by “HBV - related”.
- Page 38, Reference 105: correct “hepatitis B.J Hepatol” by correct “hepatitis B. J Hepatol”.
- Page 40, **Figure 1**. It would be very nice if the authors add in the Figure 1 the chemical structures of the five currently used drugs, namely lamivudine, adefovir, entecavir, telbivudine and tenofovir. Also, it would be nice to add the chemical structure of emtricitabine (*discussed on the page 17 of the manuscript*), even if that molecule is not approved by the FDA for CHB.