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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5436

Title: Evolution of Hepatitis B Management in Kidney Transplantation

Reviewer code: 00004157

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-09 16:10

Date reviewed: 2013-09-18 22:12

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

COMMENTS TO AUTHORS

This is a well-written review on the evolution of Hepatitis B management in renal transplant patients. Since the topic has been quite recently reviewed by others (e.g., Tsai, WJG 2010), I think that the paper may benefit from a table reporting the most recent studies in the field, and a figure with an up-to-date algorithm for the clinical management of these patients.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5436

Title: Evolution of Hepatitis B Management in Kidney Transplantation

Reviewer code: 00035760

Science editor: Cui, Xue-Mei

Date sent for review: 2013-09-09 16:10

Date reviewed: 2013-10-09 05:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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

1. The statement that interferon is contraindicated in kidney transplant recipients as it will cause allograft rejection and dysfunction, may need to be modified to a somewhat less dogmatic statement in the light of recent publications casting doubt to this previously established concept. In this context the authors may cite this more recent evidence (Sanai FM, et al. Safety and efficacy of peginterferon- α 2a plus ribavirin treatment in renal transplant recipients with chronic hepatitis C. J Hepatol. 2013 Jun;58(6):1096-103.). 2. The 2 opening statements on page 7, under the section "Impact of nucleoside/tide analogue therapy ... recipients" are repetitive and should be deleted. 3. In the section on adefovir treatment, the authors state that "prior to the availability of alternative nucleoside/nucleotide analogues, kidney transplant patients who developed lamivudine resistance were recommended to continue with lamivudine." Please cite a reference for this statement, or modify the sentence to something like "...it was common clinical practice to recommend continuation of treatment with..." 4. In the section on entecavir treatment on page 12, the authors use the term "rapid virological response" to describe the potency of treatment. While there is nothing inherently wrong with this description, this terminology is generally used in the context of chronic HCV treatment and the tendency is not to use it with chronic HBV treatment. As such, I would prefer utilization of "a more potent response" as an alternative. 5. In the section on entecavir treatment on page 12, the rate of "HBV clearance" of 50% may be confusing to the reader. It would be better to mention "HBV DNA undetectability". 6. In a review of this nature, it would be better to include one or two tables. For instance, one table could clearly list the various studies (or at least the larger or more relevant ones) dealing with HBV treatment in renal transplant recipients and tabulate according to treatment outcome. 7. While the authors have appropriately reviewed and summarized the



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treatment modalities in renal transplant recipients, the article could be enhanced by inclusion of sections on “indication of treatment” and “duration of treatment”. 8. The language is in need of improvement, and the use of a native English language speaker could certainly enhance the readability of the article.