

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6940

Title: OCCULT HEPATITIS B VIRUS AND HEPATOCELLULAR CARCINOMA

Reviewer code: 02567528

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-01 12:06

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] 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

This is a concise, critical, and up-to-date review on occult hepatitis B virus and hepatocellular carcinoma. It was a pleasure to read this informative article. To further improve the scientific merit of this review article, I have few comments for your consideration.

1. In the Abstract: "By definition, OBI is characterized by the persistence of HBVDNA in the liver tissue (and in some cases also in the serum) in the absence of HBV surface antigen (HBsAg)". To be precise, please change to "in the absence of circulating HBV surface antigen (HBsAg)".
2. In the Introduction section: "programs of universal infant vaccination have been shown to be effective in reducing the incidence rate of HCC". To be precise, please change to "programs of universal infant vaccination have been shown to be effective in reducing the incidence rate of HCC in young children".
3. In the Virology of the Occult HBV Infection section: to facilitate readers to understand the possible serological profiles of occult HBV infection (OBI), please consider presenting the different serological profiles of OBI and their incidences as a diagram in a Figure.
4. In the Clinical Evidence section: "the currently accepted criteria for the identification of OBI, which are based on the positive detection of HBV DNA in at least two different HBV genomic regions, among the 3/4 that should be analyzed by nested polymerase chain reaction (PCR)". Please change to "the currently accepted criteria for the identification of OBI, which are based on the positive detection of HBV DNA in at least two different HBV genomic regions, among at least 3 out of the 4 genomic regions that should be analyzed by nested polymerase chain reaction (PCR)".
5. In the Clinical Evidence section, the authors were referring to a paper on the relative incidence rates of HCC in parous women from Taiwan. The control group was described as "HBV-unexposed women". In fact, the control group was defined by "HBsAg negativity" without knowledge of the anti-HBc status. Therefore, it seems appropriate to describe this group as



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“persistently HBsAg-negative women”, rather than “HBV-unexposed women”. 6. Since the Figure 1B is mentioned earlier in the text than Figure 1A, please consider naming PARD6G as Figure 1A and SERCA1 as Figure 1B. 7. In the last paragraph before Conclusion, there are typos: “mecha?nisms” and “trans?lated”. 8. In addition, there are numerous words with spacing errors. Please correct them.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6940

Title: OCCULT HEPATITIS B VIRUS AND HEPATOCELLULAR CARCINOMA

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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	<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

Reviewer's comment This manuscript entitled "Occult hepatitis B virus and hepatocellular carcinoma" is an extensive and thorough review on the aspect of the occult HBV with HCC that frequently frustrates physicians with surprise. The authors, Pollicino and Saitta are to be highly commended for their work. Following this thorough review, the following questions are raised and the authors are encouraged to respond. 1. Regarding the risk for HCC, among HBV related HCC, what % of HCC arise from OBI. Also what % of OBI occur in HCV associated HCC. 2. There are two kinds of OBI with HCC as authors reported. Those with antibodies (anti-HBc and anti-HBs) and those without antibodies. Both groups have neg. HBsAg and positive HBV DNA in the liver. What are the outcomes of these two once they develop HCC. Are they different significantly. 3. What advices or suggestions the authors provide to the caring physicians. e.g., For those who have antibodies after acute and short course, and for those who developed antibodies after a prolonged course of hepatitis B. Do authors suggest more and close follow up for the latter group. I would suggest that the responses to the above comments/questions to be included in the text so that the readers not only learn of this unusual frustrating entity but also obtain knowledge to provide improved management of the patients with hepatitis B.