

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8307

**Title:** Hepatitis C Virus and aggressive malignant lymphoproliferative disorders: insights into pathogenesis, clinical behavior and treatment.

**Reviewer code:** 00742516

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-25 15:05

**Date reviewed:** 2013-12-31 21:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> [Y] Grade B: minor language polishing	<input type="checkbox"/> [ ] Existed	<input type="checkbox"/> [ ] High priority for publication
<input checked="" type="checkbox"/> [Y] 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

Dear Prof. Carlo Visco, Title: Hepatitis C Virus and aggressive malignant lymphoproliferative disorders: insights into pathogenesis, clinical behavior and treatment. The paper is an interesting and comprehensive study reviewing a significant association between HCV infection and DLBCL. **QUERIES** Epidemiology The association between HCV infection and DLBCL is particularly prominent in some geographical areas. What do you think are the possible causes? Pathogenesis According to a large amount of important literatures, the author summarized an active pathogenetic role of HCV infection in the development of aggressive B-cell lymphomas. Do you think antiviral treatment is necessary in the patients with HCV-associated DLBCL? Clinical management and tolerance to treatment ?For the HCV-associated DLBCL patients, CHOP associated with Rituximab is the standard of care. Some studies demonstrated that antiviral treatment yet does not play a significant role in HCV-positive DLBCL. What do you think of the necessity of antiviral treatment according to your clinic medical work studies? Do you have any good suggestions for clinician? ?It is significant that care must be used to monitor for acute and chronic hepatotoxicity associated with therapy. When should discontinue therapy due to severe hepatic function and what is the next therapeutic schedule? ?According to your clinical researches, what are clinical characteristics for HCV co-infected HBV patients with DLBCL? Is antiviral therapy including anti-HBV or HCV necessary? **SUGGESTIONS FOR IMPROVEMENT** Clinical presentation and Outcome Line 3, "...and elevated LDH compared to their HCV-negative counterparts" LDH should examine lactate dehydrogenase (LDH). Simultaneously, Line 15, LDH should examine.

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

**ESPS Manuscript NO:** 8307

**Title:** Hepatitis C Virus and aggressive malignant lymphoproliferative disorders: insights into pathogenesis, clinical behavior and treatment.

**Reviewer code:** 00006977

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-25 15:05

**Date reviewed:** 2014-01-21 20:18

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 checked="" 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 type="checkbox"/> Major revision

# COMMENTS TO AUTHORS

Comments to Authors: This is an interesting and well revision addressing the interaction between HCV infection and aggressive malignant lymphoproliferative disorders. I have some comments that I believe will help to improve the paper prior acceptance. Comments: 1. Throughout the article (abstract; page 2 - introduction; page 7 - clinical management), the authors use the term "active hepatitis". The term "active hepatitis" is dubious because it may refer to the "Chronic Active Hepatitis" (an old term to define histological features associated with chronic hepatitis, and no longer used) or merely the active replication of a hepatitis virus. Active hepatitis (chronic inflammation with or without fibrosis) is a common feature of chronic hepatitis C, so the authors must explain better what they meant. 2. I believe that a section addressing future perspectives and conclusions would be helpful for the readers. 3. Explanation of the abbreviations must be included in the table.

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

**ESPS Manuscript NO:** 8307

**Title:** Hepatitis C Virus and aggressive malignant lymphoproliferative disorders: insights into pathogenesis, clinical behavior and treatment.

**Reviewer code:** 02527808

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-25 15:05

**Date reviewed:** 2014-02-12 18:14

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

## COMMENTS TO AUTHORS

A comprehensive review well written & well prepared but need slight modifications. -The term active hepatitis is no longer used as now all classification according to METAVIR OR Ishak scoring system. - The guidelines used when chemotherapy induce hepatotoxicity must be mentioned. - Also more details about the use of antiviral ttt associated with chemotherapy better to be discussed - What the condition of HCV &HBV coinfection associated with DLBCL ?

# ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8307

**Title:** Hepatitis C Virus and aggressive malignant lymphoproliferative disorders: insights into pathogenesis, clinical behavior and treatment.

**Reviewer code:** 01407353

**Science editor:** Su-Xin Gou

**Date sent for review:** 2013-12-25 15:05

**Date reviewed:** 2014-02-12 23:49

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	<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

My major concern is that the presentation given seems to fit more with a hematological than with a gastroenterological journal. In this regard, the chapter "Clinical Management and tolerance to treatment" should be integrated (in the text or in a table) with all available precise data concerning liver toxicity (enzyme elevation, progression to liver failure, decompensation of pre-existing cirrhosis, liver-related death) from each of the few studies on HCV-positive patients with aggressive lymphoma undergoing treatment with chemotherapy with/without rituximab. Moreover, in another chapter, Authors should suggest how to monitor these patients while on treatment (enzymes? RNA? what timing) and eventually if there has been any evidence, even if very preliminary or from short series, of possible "rescue" hepatoprotective treatment once liver toxicity has developed in these patients (see for example: Pellicelli AM, Zoli V. Role of ribavirin in hepatitis flare in HCV-infected patients with B cell non Hodgkin's lymphoma treated with rituximab-containing regimens. Dig Liver Dis 2011;43:501-2). The Figure on expected trends of HCV-RNA and transaminase levels in an "DLBCL ideal patient experiencing transient toxicity" seems speculative.