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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: 6733

Title: PRACTICAL APPROACH IN HEPATITIS B e ANTIGEN-NEGATIVE INDIVIDUALS TO IDENTIFY TREATMENT CANDIDATES

Reviewer code: 00011088

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-28 14:08

Date reviewed: 2013-11-22 05:07

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	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

This paper is an overview on HBeAg negative disease in term of definition and clinical management. A couple of interesting points have been underscored, as a need for a new nomenclature of HBV infected patients and a more precise definition of patients with immune control or immune activation phase. To address this issue the authors properly stressed the combined use of qHBsAg and HBV-DNA. However some points have to be clarified: -if the authors propose a new classification outlining the crucial issue of a possible underlying fibrosis or cirrhosis in inactive carriers, they should give us more convincing data on the real role of LSM, a staging technique not universally accepted apart for HCV patients. -Regarding the nucleos(t)ide treatment it should be emphasized that the majority of patients will have an indefinite treatment (ie in Europe). Furthermore, it would be nice to report the data on virologic endpoints (including resistance) as well as on clinical (decompensation rate and HCC cumulative probability in patients with advanced fibrosis/cirrhosis) and histological endpoints of long term (five-six years) treatment with entecavir and tenofovir. -When a rule is proposed (for example when to stop NA treatment) it should be better to report the difference (if any) among the international guidelines (asian, european and american ones) and this should be applied for all the statements throughout the whole review. -Authors should mention qHBsAg in the management (stopping rules) of IFN and Peg-IFN treatment. The Language is proper. Only few misspellings.



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COMMENTS TO AUTHORS

Critique of HepB negative review:

This comprehensive but long winded summary reviews the clinical stages of Chronic Hepatitis B infection, with emphasis on the most common clinical situation that of HBeAg negative patients, some of the opaque nomenclature surrounding the various phases of the disease and commonalities and differences in the consensus guidelines between the AASLD, the APASL, and EALD guidelines.

Overall it is an accurate review and English is acceptable, but it is not much shorter or more readable then the same section in the guidelines themselves and it is unclear if the audience is general physicians, some specialty training or what. Furthermore it is only an incremental update of a similar review that your own journal published in 2011 Liedo et al, Mar 28th, p 1563-8. It is true that the submitted manuscript references some 2012 papers including updated AP society but the argument that this updated review is fundamentally better or state of the art has fundamentally changed needs to be strenghtened

Other improvements that are needed: