

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10905**Title:** BOCEPREVIR IS HIGHLY EFFECTIVE IN EXPERIENCED HCV-POSITIVE GENOTYPE-1 MENOPAUSAL WOMEN**Reviewer code:** 02860618**Science editor:** Yuan Qi**Date sent for review:** 2014-04-25 21:12**Date reviewed:** 2014-05-07 16:43

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Veronica Bernabucci and co-workers studied the efficacy and safety of Boceprevir plus PEG-Interferon Alpha/Ribavirin (IFN/RBV) in 56 menopausal women affected by Hepatitis C genotype 1 with a previous failure of standard IFN/RBV therapy. They observed that the triple therapy increased the sustained virological response (SVR) with few adverse events. I have some main concerns that do not come in favour of the acceptance of this manuscript: 1. the Authors cite their previous work stating that menopausal women affected with chronic hepatitis C are "extremely" resistant to IFN/RBV (Villa E, Gastroenterology, 2011). However, this study shows that menopausal women achieved SVR less frequently than women of reproductive age but as frequently as men. Moreover, the study demonstrates that SVR is reduced in early menopause (< 5 years) only. However, the present study generally considers the enrolled patients as menopausal women, without any stratification based on the length of menopause. According to the previous study, this group could be considered similarly to men. 2. the Authors state that menopausal women are resistant to re-treatment. This point is very important, since it could justify a single-arm study; nevertheless, they cite personal unpublished data. I suggest either to publish these data or to perform a randomized study comparing the re-treatment versus the triple therapy. Minor points: 1. several results in the text are different from those in the tables; 2. "experienced" should be replaced by "treatment-experienced"; 3. English spelling and grammar need to be extensively revised by a native speaker.

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**Reviewer code:** 02860818

**Science editor:** Yuan Qi

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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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

Self citation is good but should not be the only argument when establishing the idea of a study. The fact that after menopause HCV infection becomes more aggressive is not subject of consensus yet. Please add inflammation data from liver biopsy in support of this. The study otherwise is well structured and the statistical analysis is solid.

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**Reviewer code:** 02860784

**Science editor:** Yuan Qi

**Date sent for review:** 2014-04-25 21:12

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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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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**COMMENTS TO AUTHORS**

In the manuscript by Bernabucci and colleagues "Boceprevir is highly effective in experienced HCV-positive genotype-1 menopausal women", the authors present data showing that the difficult to treat population of menopausal women display improved treatment results by the inclusion of boceprevir. The manuscript is clearly presented and generally well-written, although it should be edited once more by the authors before publishing. HCV triple therapy including either telaprevir or boceprevir is now the current standard of care therapy for HCV infection, though this will soon change to "next generation" antivirals. The population numbers of the current study are limited to 56, and would be strengthened by expanding the study to a larger population. Major points The study is limited by population number and restricted to a single cohort. It would be interesting to include an additional geographically distinct cohort of menopausal women to strengthen the results. Minor points The end of the first paragraph references that the SVR rates of menopausal women are resistant to retreatment, referencing "personal data". A proper reference should be given for this finding, or the primary data should be presented, it is not acceptable that such findings should be assumed as personal data or from anecdotal experience.