

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10811

Title: Th17/Treg dysregulation in the early stage of severe hepatitis B and rebalance after glucocorticoid treatment

Reviewer code: 00183339

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-21 13:31

Date reviewed: 2014-04-23 15:47

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

COMMENTS TO AUTHORS

This paper deals with the Th17/Treg alterations in the early stage of SHB and the effect of glucocorticoids on these immune cells. The hypothesis of the study is novel and their results can contribute to knowledge of this topic but there are minor problems with the paper. 1.Results should be more clarify. 2.Discussion should be condensed with data referred to the aim of the study. 3.The manuscript should be written as instructions of the Journal.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10811

Title: Th17/Treg dysregulation in the early stage of severe hepatitis B and rebalance after glucocorticoid treatment

Reviewer code: 00503560

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-21 13:31

Date reviewed: 2014-04-28 14:53

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	<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

The study of Lu et al. describes Th17/Treg alterations in the early stage of severe hepatitis B (SHB) and the effect of glucocorticoids on these immune cells. The authors examined the population and flow of Th17 levels and Treg levels, and then conducted Th17/Treg dysregulation in the early stage of SHB and rebalance of Th17/Treg after glucocorticoid treatment. This study simply described, but there are specific comments to be addressed. Comments are as follows: 1. The characteristics of study patients should be shown in table. Please indicate. 2. The values of $p < 0.05$ should be indicated in the figures, not only figure legends. 3. Please confirm the P values of figures, i.e. Th17/Treg ($P = 0.037$) in Fig 2 and Th17/Treg ($P = 0.0386$) in Fig 3 etc. 4. Please confirm the reference lists, because I could not make certain of the ref No. 21.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10811

Title: Th17/Treg dysregulation in the early stage of severe hepatitis B and rebalance after glucocorticoid treatment

Reviewer code: 00503536

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-21 13:31

Date reviewed: 2014-04-30 21:14

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

The original articles written by Lu et al. describes that Th17/Treg balance may determine the response to treatment with glucocorticoid and the prognosis of the patients. The data showed that higher ratios of Th17/Treg could be associated with the immunopathogenesis of sever hepatitis B, and good response to glucocorticoid therapy reverses the ratio. These data are important for understanding the immunopathogenesis of severe hepatitis B and could be useful for the management of the patients. However, there are some serious concerns that need to be addressed. Major points, 1.It is unclear whether severe hepatitis B contains both acute form and acute exacerbation of chronic infection or not. It is an important point, because immunopathogenesis and prognosis of each type of severe hepatitis B are different. 2.Clinical data and profile of the patients analyzed in this study should been shown. Are there any differences in the clinical features between patients who responded to the treatment and those who did not? 3.Did the patients with severe hepatitis B receive glucocorticoid alone or in combination with nucleotide analogue? Glucocorticoid is known to stimulate the replication of HBV, which can be suppressed by antiviral agents. Moreover, the degree of viral load has been shown to affect the induction of Tregs. Therefore, these information including temporal changes in the serum levels of HBV DNA need to be shown. Minor point, 1.Plasma thromboplastin antecedent is not popular for assessing liver function reserve. The authors should make some comments on the relationship between PTA and prothrombin time.