

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13866

Title: EVALUATION OF PROGNOSTIC VALUE OF LIVER STIFFNESS IN HEPATITIS C VIRUS PATIENTS TREATED WITH TRIPLE OR DUAL ANTIVIRAL THERAPY: A PROSPECTIVE, PILOT STUDY

Reviewer code: 02955349

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-05 17:40

Date reviewed: 2014-09-20 04:08

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"/> Existing	<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 checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Abstract:

-The abstract is hard to follow. The methods do not convey the analysis of the paper

Materials and Methods:

-From reading the methods, it is not clear what covariates were including in the model, nor how the model was constructed. Some of is listed in results but should be in methods and further described.

-Since patients in group B were treatment experienced, it would be helpful to report the nature of their tx experience (relapse, failed treatment). Also the majority of group A were genotype 2/3 (n=41 or 65), whereas all of group B were genotype 1.

-What was defined as "eligibility for antiviral treatment"

-It isn't clear why the authors constructed two separate regression models for group A (n=65) and group B (n=20), with LS perhaps as an independent predictors of SVR24 and controlling for covariates (e.g, genotype).

-Period of recruitment is needed

-Statement of patient consent and statement from ethics committee is needed

-Was viremia a covariate in the group A model? It is listed group B, but no group A.

-Treatment discontinuation – it's not clear if patients in groups A and B completed the course of therapy or discontinued therapy for a variety of reasons. It would be helpful to report duration of therapy

-No sample size calculation.

Results:

-The results of the model are not included therefore it is difficult to interpret the magnitude of these associations, only a p-value is reported for group B ($p=0.049$).

-Do the +/- throughout the manuscript refer to standard deviation?

Discussion:

The main conclusion seems to be that high values for LS are predictive of treatment success for patients pursuing triple therapy. However LS was only evaluated at baseline, not longitudinally – it is curious why the authors did not measure LS at follow-up. Moreover, the model only controlled for age, gender and viremia with an $n=20$ ($p=0.049$ for LS), but the results are not shown. The conclusion states, "LS should be considered a strong pretreatment predictor of response to both dual and triple therapy", but their results do not support this for statement for dual therapy. There is no discussion of study limitations and these may impact interpretation of findings.

Tables and Figures:

-Table 3 - row for male sex, do the numbers refer to M/F? Were these significantly different?

-It would be helpful to have the results of the regression analysis rather than the univariate analysis in (Table 2).

Other minor comments:

-Would recommend changing "before dual/triple therapy" to "prior to initiation of dual/triple therapy" throughout the manuscript for enhanced clarity

-Inconsistencies with "PegIFN-RBV" vs "Peg-IFN/RBV"

-Define BOC as boceprevir

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13866

Title: EVALUATION OF PROGNOSTIC VALUE OF LIVER STIFFNESS IN HEPATITIS C VIRUS PATIENTS TREATED WITH TRIPLE OR DUAL ANTIVIRAL THERAPY: A PROSPECTIVE, PILOT STUDY

Reviewer code: 02666794

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-05 17:40

Date reviewed: 2014-09-20 08:37

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"/> Existing	<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"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In this prospective study of liver stiffness in 65 treatment-naïve patients with HCV prior to commencing dual antiviral therapy, high liver stiffness values predicted a poor virological response. This group was compared with a group of patients who had been treated previously and were retreated with triple therapy. Liver stiffness was a strong predictor of response, especially in the latter group. A limitation is that only virological response has been studied, with no clinical outcomes. This should be included in the limitations section. In the Abstract, it would be more informative to readers to highlight the direction of the differences in LS between the groups of patients rather than just to state that they “differed significantly”. In the Core Tip section the statement “improving response rates to treatment.” is inappropriate since this has not been demonstrated in this study. The term ‘parameter’ is widely used when ‘Feature’ would be more appropriate; parameter should be reserved for the conditions of an experiment rather than for something that is measured. The use of the terms “Group A” and “Group B” hides the meaning and can be confusing; more informative terms such as “Dual therapy” and “Triple therapy” (as used in the Title and Table 1) would be clearer. Some minor comments follow. The running title does not highlight that this is a study of the predictive value of LS measurements. Abstract: please define “SVR24”. This term also occurs in Fig. 1. P 4: “In this prospective,” would be better as “In this prospective study,”. “in clinical practice

for accurate selection" would be better as "in clinical practice to improve selection". IFN should be added to the Abbreviations. "easily, reproducible and" should be "easy, reproducible and". P 6: "(F3-F4, METAVIR classification," should be "(F3-F4, METAVIR classification),". P 7: " (i.e. pregnancy)." should be " (e.g. pregnancy).". P 9: "achieving SVR 24 (9.41 ± 5.05 vs 19.11 ± 9.74 , $p=0.008$) or not." would be better as "achieving SVR 24 or not (9.41 ± 5.05 vs 19.11 ± 9.74 , $p=0.008$).". P9-10: "resulting higher than in Group A patients." this statement is unclear and may be incomplete. P 11: "Therefore, a decline" would be better as "A decline" since this is not a consequence of the previous statement. P 12: "in consideration of the high costs, has generally been restricted to patients with more advanced fibrosis stages." would be better as "has generally been restricted to patients with more advanced fibrosis stages because of their high cost."

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13866

Title: EVALUATION OF PROGNOSTIC VALUE OF LIVER STIFFNESS IN HEPATITIS C VIRUS PATIENTS TREATED WITH TRIPLE OR DUAL ANTIVIRAL THERAPY: A PROSPECTIVE, PILOT STUDY

Reviewer code: 00159299

Science editor: Ya-Juan Ma

Date sent for review: 2014-09-05 17:40

Date reviewed: 2014-09-07 12:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The study is interesting and well done. Extension of the cohort of patients might be suitable.