



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15325

Title: Relevance of low viral load in hemodialysed patients with chronic hepatitis C virus infection.

Reviewer’s code: 00039518

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The Paper “Relevance of low viral load in hemodialysed patients with chronic hepatitis C virus infection” deals with the effectiveness of standard treatment with PEG-IFN alpha2a and RBV in 39 HCV genotype 1b patients in end stage renal disease (ESRD) and shows that hemodialysis decreases viral load especially in IL28B CC genotype carriers while low IVL is the strongest predictor of SVR in multivariate analysis. The paper is well written and provides interesting and original data in this difficult to treat population. The main results of the paper are relevant even in the upcoming era of direct antiviral agents that have not been validated yet in ESRD patients with HCV-related hepatitis and are still not available in some countries. I have a few comments for the Authors. 1) Rapid viral response (RVR) is a well known strong predictor of SVR in HCV patients with normal kidney function undergoing double therapy with PEG-IFN and RBV. In this study RVR was achieved in 52.6% of ESRD patients and 36.1% of control patients. I was surprised that RVR was not included in the regression analysis concerning the independent predictors of SVR in both ESRD and control patients (Figure 2). I can argue that RVR was not significant at univariate analysis. If so, can the



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Authors comment this result? 2) Page 8, line 25: ESRD patients had lower and not higher baseline ALT activity compared to controls. Please, correct. 3) Page 9, line 8: the Authors write that 6 (15%) ESRD patients discontinued treatment because of severe adverse events (SAE); however, when detailing the SAE causing discontinuation, 8 patients are reported. I can suppose that 2 patients had two major SAE. Is it right? Please, explain and correct. 4) Page 11, lines 6-9. The phrase " Specifically, eleven individuals..." is a repetition of data reported in the previous paragraphs and in my opinion should be deleted. 5) Page 11, lines 19-22. The phrase "Calculation of odds ratio (OR) showed..." is redundant considering that is written in the following phrase (Age, male gender and IL28B/IFNL4...). I think that this phrase should be deleted. 6) Table 2 is difficult to read. I think that the addition of continuous lines separating ESRD from control patients and, within groups, SVR from non SVR patients could improve the legibility of the Table.