



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12307

Title: Management of hepatitis C in patients with chronic kidney disease

Reviewer code: 02874819

Science editor: Su-Xin Gou

Date sent for review: 2014-07-01 17:44

Date reviewed: 2014-07-16 13:29

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

COMMENTS TO AUTHORS

Comment to Authors -The work is clinically relevant considering that hepatitis C is highly prevalent in CKD and is an important cause of morbidity and mortality in these patients. -The prevalence of HCV infection in hemodialysis has a very wide range, according to the geographic area. Are there more representative data in a more recent bibliography ? (6-7). -HCV infection attributable to transmission by the use of contaminated medication vials, authors should specify which medicines are involved. In the past, unfractionated heparin sodium was certainly the drug more involved, but more frequent use of low molecular weight heparin in single dose should have drastically reduced this option. Authors should develop more this topic. -Is the clearance of HCV particles influenced by the type of dialysis treatment? It would be interesting to know if there are any studies on the clearance of HCV particles with different types of dialysis treatment (HDF, HDF On Line, AFB, PFD or in HFR). -Patients in 4 stage KDOQI may remain with stable renal function for a long time, so waiting attitude does not risk impair liver function, increase cardiovascular risk and compromising future renal transplantation? - The authors do not develop fully the side effects of the therapies used for the treatment of HCV infection, both for the older therapies (IFN, PEG-IFN, ribavirin) that for the most recent (protease inhibitors and polymerase or cyclophillin inhibitors). Must be considered that the therapy is often discontinued because of adverse effects of these therapies (eg anemia, leukopenia, thrombocytopenia, Steven's Johnson). Should be developed further this topic.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12307

Title: Management of hepatitis C in patients with chronic kidney disease

Reviewer code: 02476570

Science editor: Su-Xin Gou

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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"/> 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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors tried to make a review regarding HCV infection among patients with CKD. The subhead titles were "acute hepatitis", "chronic hepatitis before KT", and "chronic hepatitis after KT", and to use these subhead titles seemed to be a novel way in describing summaries of HCV infection in patients with CKD. However, there are lots of reviews regarding HCV infection among patients with CKD and this review has a similarity to previous reviews. For example, Professor Fabrizi made a lot of reviews in this field and his reviews are very comprehensive and seem to be updated on a moment-to-moment basis. There were somewhat old-fashioned descriptions in this review compared to descriptions in Fabrizi's reviews (ISRN Nephrology 2012, etc.), especially in descriptions in epidemiology. Descriptions in epidemiology should be updated on a moment-to-moment basis in this article.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12307

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Reviewer code: 01562153

Science editor: Su-Xin Gou

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

COMMENTS TO AUTHORS

Hepatitis C virus infection is highly prevalent among chronic kidney disease (CKD), subjects under hemodialysis and kidney transplantation recipients, being an important cause of morbidity and mortality in these patients. In this manuscript, the authors reviewed and discussed the clinical and laboratorial features of acute and chronic hepatitis C in CKD patients, hemodialysis subjects, and kidney transplantation recipients, and recommended the treatment for chronic hepatitis C according to the estimated glomerular filtration rate. This is a comprehensive review on the hepatitis C virus infection in patients with chronic kidney diseases. The manuscript was well prepared. This review may provide useful information to the clinicians. However, there are several direct acting antiviral agents (DAAs) and host targeting agents (HTAs) under investigation. The all-oral, interferon-free (and ribavirin-free) regimens are developed. Thus, the authors should add the Section of perspective for the future management of chronic hepatitis C in CKD patients. Comment The authors should add the Section of perspective for the future management of chronic hepatitis C in CKD patients.