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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14473

Title: Autoimmune hepatitis and anti-tumor necrosis factor alpha therapy: A single center report of 8 cases

Reviewer's code: 02861262

Reviewer's country: Brazil

Science editor: Yuan Qi

Date sent for review: 2014-10-06 19:48

Date reviewed: 2014-10-20 02:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The present study is original and well conducted. However, English is poor and should be revised by a native speaker. I strongly suggest that patient 2 might be excluded from the sample as the anti-TNF agent was different from the other cases. Moreover, the dose use of adalimumab was 5 times the dose of infliximab. This fact might compromise the comparison with the other cases. Also, histological findings should be showed within results.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14473

Title: Autoimmune hepatitis and anti-tumor necrosis factor alpha therapy: A single center report of 8 cases

Reviewer’s code: 02861131

Reviewer’s country: Moldova

Science editor: Yuan Qi

Date sent for review: 2014-10-06 19:48

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Manuscript Number: 14473 Manuscript Title: AUTOIMMUNE HEPATITIS AND ANTI-TNFA THERAPY: A SINGLE CENTER REPORT OF 8 CASES Comments To Authors GENERAL COMMENTS (1) The importance of the research and the significance of the research contents; The authors of this article have been evaluated the case report which describe cases of anti-tumor necrosis factor (TNF) alpha induced autoimmune hepatitis and evaluate the outcome of those patients, relating to their immunosuppressive strategy. Recently, Ghabril M et al. have been published analysis of thirty-four cases of liver injury induced by Tumor Necrosis Factor-alpha antagonists. The importance and significant of the research contents is high, because in the past years, the number of case reports of liver toxicity has increased, although cases of AIH induced by anti-TNF agents remain rare. The differential diagnosis between AIH and immune-mediated drug-induced liver injury (DILI) is essential for therapeutic approach and long-term prognosis. (2) The novelty and innovation of the research; Rodrigues S et al. present the 8 cases of liver injury induced by Tumor Necrosis Factor-alpha antagonists (7 patients developed AIH and one patient with previously undiagnosed



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AIH - experienced a DILI). The novelty of the research represents the idea that a baseline immunological panel should be performed in all patients before starting the Tumor Necrosis Factor-alpha antagonists and periodic monitoring of liver function tests (LFTs) is necessary for early diagnosis of liver injury. (3) Presentation and readability of the manuscript; Case report is not very well organized (introduction is very short; it should present background information that provide clarity to the subject of discussion and pertinent definition - type of liver injury induced by Tumor Necrosis Factor-alpha antagonists (immune-mediated DILI and AIH). (4) Ethics of the research. Not relevant for this article (this article is retrospective analysis of medical records)

Bibliography 1. Ghabril M, Bonkovsky H, Kum C, et al. Liver injury from Tumor Necrosis Factor-alpha antagonists: Analysis of thirty-four cases. *Clin Gastroenterol Hepatol* 2013;11(5):558-64.

SPECIFIC COMMENTS Title: reflects the major topic and contents of the study. Abstract: without research background of the case report, very short case presentation. Case report is not very well organized. Introduction: is very short, it should present background information that provides clarity to the subject of discussion and pertinent definition - type of liver injury induced by Tumor Necrosis Factor-alpha antagonists (immune-mediated DILI and AIH). Case report Case report present 7 patients with AIH induced by ANTI-TNFA therapy and one patient with previously undiagnosed AIH who experienced a DILI after anti-TNF treatment. Infliximab (IFX) was the anti-TNF agent involved in 7 cases and adalimumab (ADA) in one. AIH was diagnosed due to LFTs, was performed complete work-up to exclude other etiologies (viral, toxic, metabolic, other autoimmune liver diseases). Liver histology was obtained in all cases. The International Diagnostic Criteria for AIH scores was used. All patients responded favorably to steroids and presented normal liver function tests after two months following the suspension of anti-TNF drug. Authors have analyzed the medical records of patients undergoing anti-TNF alpha therapy (over 600 patients), in order to detect cases of AIH associated to anti-TNF biologic agents. May be few words about these patients? Discussion Rodrigues S et al. represent the idea that a baseline immunological panel should be performed in all patients before starting the Tumor Necrosis Factor-alpha antagonists and periodic monitoring of liver function tests (LFTs) is necessary for early diagnosis of immune-mediated. The growing number of cases of autoimmune phenomena related to anti-TNF agents has been brought to focus in the last years



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14473

Title: Autoimmune hepatitis and anti-tumor necrosis factor alpha therapy: A single center report of 8 cases

Reviewer's code: 02444888

Reviewer's country: Italy

Science editor: Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This nice study reports the one centre experience on suspected AIH after anti-TNK. However, some major criticism does exist. Firstly, diagnosis was not supported by histology, making any conclusion debatable. Moreover, data are not fully elucidated, in particular differential diagnosis. Furthermore, tables are very badly designed and illegible. Finally, some minor language revision is needed. In conclusion, Major revision is due.