

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 16036

**Title:** Viral Hepatitis Prevalence in Patients with Active and Latent Tuberculosis

**Reviewer's code:** 02567559

**Reviewer's country:** Portugal

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-23 09:33

**Date reviewed:** 2015-01-09 08:46

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 checked="" 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"/> Plagiarism	<input checked="" 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	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

I've read with great interest the article "Viral Hepatitis Prevalence in Patients with Active and Latent Tuberculosis". This is a prospective study regarding the prevalence of serological markers of HBV and HCV on newly diagnosed TB patients, as well as the association between DILI and those markers. The authors state that the prevalence of chronic HBV and HCV in TB patients was 9 and 5 times greater than the estimated UK prevalence, respectively. They concluded that viral hepatitis screening should be considered in TB patients and that DILI risk was not increased in patients with HBV or HCV. The study was well conducted; the purpose is relevant, although I have some issues concerning the conclusions drawn by the authors. Comments: Major points 1. Manuscript - Material and Methods: Which were the inclusion and exclusion criteria? Was it only: newly diagnosed TB; 18 years of age or above; no known chronic liver disease? 2. Manuscript - Discussion: The population with TB in this study was a high risk population for HBV and HCV infection. I believe that the conclusions drawn by the authors namely the increased prevalence of HBV and HCV markers on TB diagnosed patients in the UK (that is stated to be 9 and 5 times greater than the estimated UK prevalence, respectively) are not a big novelty. In fact, it's mentioned the introduction that, in the UK,

84% of TB cases are non-UK born and that the rates of TB in the non-UK born are 20-fold higher. So, this high prevalence of HBV and HCV in this group of TB patients reflects the prevalence of these diseases in their countries of origin (as we can see in table 1) and not the prevalence in a European country per se. Probably the emphasis should lay on the relevance of following screening suggestions for HBV for individuals born in areas of high prevalence rates of infection (such as the American Association for the Study of Liver Diseases guidelines on Chronic Hepatitis B) and extending it to HCV. 3. Manuscript - Discussion: Another point is the proposal that screening for viral hepatitis be considered in TB patients in the UK. Considering that the high prevalence of HBV and HCV reflects the prevalence of the infection in their countries of origin (as explained above), that London is a multicultural city with a significant number of immigrants (affirmed in the introduction) and that London (where this study took place) accounts for 38% of TB cases in the UK, extending screening programs to the whole country isn't, perhaps, supported by strong data. Minor points 4. Abstract - Methods: There are some discrepancies regarding the use of abbreviations. For example in the subtitle methods, Human Immunodeficiency Virus is not abbreviated while HBV and HCV are. 5. Abstract - Results: In the sentence: "... had latent B infection", there is a missing B. 6. Manuscript - Material and Methods: A positive tuberculin skin test was defined as >5mm induration if not BCG vaccinated or ≥15mm if BCG vaccinated. Was the immune status of the patients taken in consideration? Were there any immunosuppressed patients? 7. Manuscript - Material and Methods: Were patients with a positive interferon gamma release assay considered to have latent tuberculosis if they had a negative tuberculin skin test? 8. Manuscript - Material and Methods: Latent TB was treated with 3 months of Rifampicin 600mg daily and Isoniazid 300mg daily. Why this regimen and not any other (for example Isoniazid 9 months)?

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**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 16036

**Title:** Viral Hepatitis Prevalence in Patients with Active and Latent Tuberculosis

**Reviewer's code:** 02860971

**Reviewer's country:** Italy

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-23 09:33

**Date reviewed:** 2015-01-04 16:01

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 checked="" 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"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a well written research of Viral Hepatitis Prevalence in Patients with Active and Latent Tuberculosis, along with a well-researched review of the literature. I did have some points that I believe would make this paper stronger: 1. In the introduction section it has been mentioned that Over 9040 cases were reported in 2009, the majority in urban areas, with London accounting for 38% of those cases. It would have been good if data from recent years could have been presented if available. 2. The result of this study states that chronic HBV prevalence in TB patients was almost 9 times greater than the estimated overall UK prevalence and the prevalence of HCV amongst TB patients in the study was over 5 times greater than the estimated UK prevalence of HCV which is slightly misleading since the patient population of the TB patient is vastly different from the general UK population. If we take the country of origin of the TB patients then the prevalence of HBV and HCV may not be very different from their country of origin. The message could be that TB patients have a higher incidence of HBV/HCV in addition to that attributable to ethnicity and country of origin. 3. There is no mention of what proportion of patients with HBsAg and Anti HCV positive patients had cirrhosis or CLD because CLD is itself a risk factor for TB and whether the increased



## 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](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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risk of TB is because of Chronic hepatitis or cirrhosis needs to be differentiated. 4. Some grammatical mistakes like latent B infection instead of latent TB infection in the results section of abstract.