

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17562

Title: Impact of partial reimbursement on hepatitis B antiviral utilization and adherence

Reviewer's code: 01567591

Reviewer's country: Canada

Science editor: Ya-Juan Ma

Date sent for review: 2015-03-14 11:05

Date reviewed: 2015-03-24 23:50

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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	
		[Y] No	

COMMENTS TO AUTHORS

The study from Qiu and colleague's described the impact of partial reimbursement of CHB treatment on adherence in Beijing, China. The study showed that partial reimbursement, implemented in 2011, improved adherence as well as influenced the choice of NAs selected by the patients which should improve the overall outcome. On the positive side, large retrospective cohorts were followed just prior and after partial reimbursement implantation. However the results from this study confirm what could have been suggested intuitively. Comments: Although this study appears as a well design analysis, the reader would gain from having more information on the cost of treatment in China compared to income status. A comparison of IFN and NAs cost as well as a comparison between the cost of NAs. A better description of ?partial reimbursement? (is it 10% or 80%?). Is the reimbursement equal for every one? If not, is there a correlation between the level of reimbursement and adherence? What exactly is PMI in China? Indeed, the conclusion of the author is based on the assumption that partial reimbursement might reduce the economic burden. However, the reader does not have a real ?feeling? of the economic burden on the Beijing population before reimbursement and on how much is reimbursed. A better description of the partial reimbursement



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will also help to evaluate the moderate improvement of the MPR observe on PPO (only 2%). Page 15, line 10: PPI instead of PPO Figure 2: instead of 4 symbols, could the symbol for before and after reimbursement be the same respectively?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Date sent for review: 2015-03-14 11:05

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This study for the first time analyzed the impact of medication reimbursement on adherence to Hepatitis B antiviral treatment in Beijing, China, where chronic hepatitis B infection is endemic. The study is interesting, and improved description of features of PMI and PPO might be suitable

ESPS PEER-REVIEW REPORT

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Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

Proper counselling, selection of appropriate therapeutic regimens and compliance of patients with treatment maneuvers are critical to have optimum outcome of any management strategy of patients with chronic hepatitis B, although a completely cure from this pathological lesion is not expected at this point. Usually anti-viral drugs are required for prolonged period to manage these patients and to delay the emergence of complications. However, due to cost and nature of health care delivery system of most countries, the majority bulk of patients are usually unable to carry out treatment for requisite time. The numbers of patients with chronic hepatitis B in China are surprisingly high and seem to be more than total population of many countries of the world. The medical delivery system of China is highly heterogeneous and going to take a complex shape with advancement of time. The health insurance system is also of different forms in different parts of China. Within these state of confusion about health care support for its people, some parts of China have started to receive partial re-imbursement for hepatitis B treatment. The study presented here has tried to elucidate the implication of partial reimbursement of hepatitis B antiviral treatment on utilization and adherence to treatment. Two groups of patients have been compared to assess this effect. Generally speaking,

these types of studies are highly warranted not only in China but also from other parts of the world to design antiviral treatment for chronic hepatitis B. However, the present study should be critically analyzed to assess its suitability as a scientific publication. Comments 1. There are two major points that should be critically analyzed in the context of this manuscript. The first one is about the scientific content of the article and the next is regarding the ethical concerns. 2. The study has shown that introduction of reimbursement in Peking has made some alteration in the strategy of antiviral treatment in CHB patients. In one hand, there has been an increased utilization rate of antiviral in all sorts of patients after introduction of partial reimbursement. Also, insured patients had higher persistence rate of drug than paid out of pocket patient. When I went this manuscript, it seems to me the manuscript needs some alteration. The authors may omit general description about HBV and antiviral drug. Rather, they should provide information about medical insurance and health care delivery system of Peking and other part of china. More information is required about patients with medical insurance (PMI) and patients with paid out of pocket (PPO). What about the cost of drugs? What is the average income of these people? What is the cost of PMI? Are the PPO patients needed to pay entire cost? What is the extent of partial reimbursement? These points are more important in this article than the general description of HBV and its treatment. 3. There are significant rationale facts that must be solved. The authors mentioned that approval was obtained from 3 medical institutions of Peking. Subsequently, they mentioned that the authors took informed consent from hospital authority for data collection. This is hard to understand. To my knowledge, there is no scope to take any informed consent after there is an IRB. In addition, there is no authority in hospital that can give informed consent for any study except that has been shown in IRB. 4. Also, no informed consent was taken from patients as data from electronic data base was used. This is a matter that to be addressed according to Chinese regulation. However, questionnaire was sent to 212 patients who were randomly selected for this study. Also, telephonic discussion was made about personal information. Informed consent and written consent are probably needed to be taken from these patients. Please clarify these points. 5. The involvement of Bristol-Myers Squibb Company should be properly clarified because