

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12415

**Title:** Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B

**Reviewer code:** 02941842

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-07-08 15:16

**Date reviewed:** 2014-07-21 14:20

| CLASSIFICATION                                         | LANGUAGE EVALUATION                                                  | RECOMMENDATION                      | CONCLUSION                                             |
|--------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                      | <input checked="" 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 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 type="checkbox"/> Major revision                |
|                                                        |                                                                      | <input type="checkbox"/> No records |                                                        |

## COMMENTS TO AUTHORS

The study was well designed and description of results and discussion are well performed

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12415

**Title:** Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B

**Reviewer code:** 02457523

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-07-08 15:16

**Date reviewed:** 2014-07-28 17:57

| 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

The authors conducted a retrospective study with 79 patients and indicated that older age at initiation and longer treatment duration were significant factors associated with PKTD. The paper addresses an interesting and important issue for which many novel findings have been reported in the recent years. This paper appears thus valuable, is however also challenging. The following comments to the present draft should be taken into consideration. 1. The major problem of this manuscript is the limited number of included patients in this study and it is impossible to evaluate the effect of certain SNPs in SLC22A6 and ABCC2. 2. We noticed that among 30 patients with ADV therapy, 29 (96.7%) received LAM. My question is how to evaluate the role of LAM in PKTD development. 3. The paper is basically well written, has however still some flaws in the English wording and should thus be revised by a native English speaking colleague / person.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12415

**Title:** Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B

**Reviewer code:** 00070056

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-07-08 15:16

**Date reviewed:** 2014-07-29 23:35

| 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

Dear authors In this manuscript "Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B", Dr. Motohiro Shimizu and his colleagues investigated the correlation of kidney tubular dysfunction and adefovir dipivoxil usage. Their study may interest clinicians and may help clinicians to prevent renal dysfunction. But their some comments need pay attention: 1. In the "MATERIALS AND METHODS" section, the author described the "Exclusion criteria", but the inclusion criteria should be list in the manuscript. 2. The authors declared the association of ADV dosage with PKTD. But, there is no description of ADV dosage. 3. The authors declared that "Histological evaluation was not performed for all of the patients". But there was no description of histological evaluation in the manuscript. The manuscript need major revision before consideration for publication in the journal. Best regards,

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12415

**Title:** Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B

**Reviewer code:** 00013065

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-07-08 15:16

**Date reviewed:** 2014-07-30 18:06

| 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 checked="" 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 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                 |                                                                       | BPG Search:                         | <input checked="" 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

Drs. Shimizu and coworkers presented an interesting retrospective study in which they aimed to identify predictors of PKTD by antiviral NA therapy with ADV of 79 chronic HBV infected patients. The authors indicated that older age at initiation and longer treatment duration were significant factors associated with PKTD. Overall, the manuscript is well written and concise in its content showing convincing data, although the number of patients is limited. The design of the retrospective study is also well performed. However, some minor comments should be addressed. 1) Material and Methods, page 5, 1st para. Which NAs other than ADV have been used? Did the authors detect any differences between the other NAs and ADV? 2) Material and Methods, page 5, 2nd para. Have HDV coinfections been tested or excluded? HDV prevalence in Asian countries could be up to approx. 20% of CHB. 3) Results section. Did the authors detect any differences in PKTD development between women and men? 4) Results section. The effect of the SNPs in SLC22A6 and ABCC2 is critical because of the limited number of patients that have been analysed.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12415

**Title:** Predictors of kidney tubular dysfunction by adefovir dipivoxil for chronic hepatitis B

**Reviewer code:** 01560031

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-07-08 15:16

**Date reviewed:** 2014-08-01 17:13

| 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 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            |                                                                      | 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 paper is interesting, however, some problems remain to be clarified. Major points: 1) The authors described 10% of ADV treated patients were diagnosed with symptomatic osteomalacia by radiological and serological testing. However, the symptom of osteomalacia and the diagnostic criteria of radiological and serological testing should be clarified briefly. 2) Metabolic acidosis ( blood pH < 7.34 and serum bicarbonate < 22 mmol/L ) was described as one of the criteria of PKTD, and 2% was documented in ADV group. 0% in non ADV group. Was blood gas examination performed for non ADV group? 3) The authors should describe the mutation rate of HBV with long term duration of ADV intake group. 4) The authors should describe how clinicians should manage such patients, when PKTD occurs with ADV treatment. 5) The authors describe what kind of antiviral nucleos(t)ide analogues was given non ADV group. 6) In non ADV group, genotype B is prevalent. The authors should describe whether it is related to PKTD occurrence.