

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29489

**Title:** HCV Therapy with Peg-Interferon and Ribavirin in Myanmar: A Resource Constrained Country

**Reviewer's code:** 02995208

**Reviewer's country:** Brazil

**Science editor:** Ze-Mao Gong

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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 checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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

Several Countries worldwide uses Peg-IFN and RBV to treat HCV due to extremely high costs of direct-acting antiviral agents. This study reinforces the high SVR observed with such treatment in Asia compare to western countries. It also reinforces the use of Peg-IFN and RBV as the most competitive choice for treatment of HCV in Myanmar due to its high SVR rates and safety profiles. It also shows that some previous described predictors of SVR applied well in Myanmar population, allowing its use in patients enrolled for treatment. The manuscript is well written, concise and objective, with some minor points to be clarified: 1. Although the authors evaluate SVR only in patients that complete the treatment, from the 331 initially enrolled, 12 were lost during follow-up due to non-responder reasons, according to Figure 1. Shouldn't those patients be included in the non-SVR group? Please comment on the issue. 2. For some variables at the tables the percentages are shown from the groups in a vertical manner. For other in a horizontal manner. For example, variable sex in Table 1, the authors present the percentage of male and females from groups that achieve SVR or not (vertical), but for age groups, percentages are presented in a horizontal manner. The same



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standard should be use for all variables when possible (horizontal), that would make understanding of the tables easy.