



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 28007
Title: Polymorphisms of IFIT1 predict efficiency of interferon-alpha therapy for hepatitis B virus (HBV) infection in Chinese population
Reviewer's code: 03479057
Reviewer's country: Tunisia
Science editor: Jing Yu
Date sent for review: 2016-06-24 16:06
Date reviewed: 2016-07-05 07:35

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', 'Accept', etc.

COMMENTS TO AUTHORS

The article represents an accepted population survey in an under-analysed population and contributes to the literature important information for genetic, global association studies. Its impact is significant and thus is appropriate for this journal. However, it requires major revision and should not be accepted in its present form. The IFN induced proteins with tetra-tryptophan repeats 1 is related gene which can be strongly induced by IFN type 1. it suppress cellular translation and was shown to block viral replication thus the importance to focus on such SNPs. However, the author didn't mention: -The major genotype of HBV? -The effect of such gene variant SNPs on IFIT1 expression? Why it's important these polymorphisms that author did choose? As it was shown that IL28B are a major and important predictors for treatment response in both HCV and HBV infection, and as a very important factor, the author must take in consideration if the favourable SNP of IL28B can influence the result shown on this paper? As any treatment IFN-2b could engender a side effect during treatment course, so I'm asking the author if the 225 patient included in this study did not show any severe adverse reaction? and thus if all the patients get the same dose of treatment during



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the hole study? if it's not the case and some patient did show adverse effect, which oblige doctors to reduce treatment dose to 50% or more, can we suppose that treatment dose could be a new factor for modulation of treatment response? and thus treatment dose must be taken in consideration as a potential factors of treatment modulation?? In the discussion section,the author needs to discuss more his own results and compared with other done in other countries and this section requires major revision. The article is well written, but there were few errors need correction. I would recommend that the article be accepted with major revisions if these are satisfactorily done.



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**ESPS manuscript NO:** 28007

**Title:** Polymorphisms of IFIT1 predict efficiency of interferon- $\alpha$  therapy for hepatitis B virus (HBV) infection in Chinese population

**Reviewer's code:** 02943351

**Reviewer's country:** Chile

**Science editor:** Jing Yu

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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 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"/> 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

The impact of HBV genotype on the therapeutic response to IFN therapy has been recognized in several studies. In HBeAg-positive patients treated with standard IFN, the SVR is significantly better in genotype A and B patients than in genotype C and D patients. In China the most prevalent genotypes are the B and C, but in this study were not considered. It is highly recommended to determine the viral genotype.