

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 32217

**Title:** Impact of interferon-free antiviral therapy on lipid profiles in patients with chronic hepatitis C genotype 1b

**Reviewer's code:** 03647107

**Reviewer's country:** Thailand

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-30 15:55

**Date reviewed:** 2017-01-03 01:20

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 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 type="checkbox"/> Minor revision
<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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

This study is very interesting and informative regarding the changes of serum lipids during and after DAA therapy. Thus, the sample size and the frequency of lipid monitoring are quite impressive to me. However, I do have a major comment that needs to be addressed, and also few minor comments. My major comment is that since the included patients were quite old (mean age of 67-68 years), they should have some comorbidities and co-medications. The authors did not mention any of these data in the manuscript. I noticed that the mean LDL levels of the patients (83-89 mg/dL) were quite low, in which perhaps they were taking lipid-lowering agents. I think it is important to state their comorbidities (that may involve in lipid levels) as well as their medication, particularly lipid lowering agents, in the manuscript (or in the table). My minor comments are (1) As this is a retrospective analytic study, the author should mention the word "retrospective" in the Study Design; (2) At the end of the 2nd paragraph in the Discussion, the authors state that "the difference in antiviral efficacy between the two regimens was not involved in the extent of the increase in serum cholesterol" I think this statement may be a bit too strong. Perhaps "...was not likely to involve...."



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May be better, since this is the assumption and HCV-RNA at week 2 was not tested; (3) In the 4th paragraph in the Discussion, the authors state that “the therapy regimen was not associated with the difference in virological efficacy”. This statement seems questionable to me since the SVR12 was 86% versus 98% (p-value not provided). Perhaps SOF-LDV was associated with slightly better SVR.

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

**ESPS manuscript NO:** 32217

**Title:** Impact of interferon-free antiviral therapy on lipid profiles in patients with chronic hepatitis C genotype 1b

**Reviewer's code:** 03537974

**Reviewer's country:** Thailand

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-30 15:55

**Date reviewed:** 2017-01-13 15:13

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 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 checked="" 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

Comments to the editor

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 32217

**Title:** Impact of interferon-free antiviral therapy on lipid profiles in patients with chronic hepatitis C genotype 1b

**Reviewer's code:** 00503560

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2016-12-30 15:55

**Date reviewed:** 2017-01-12 00:10

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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

The manuscript entitled "Impact of interferon-free antiviral therapy on lipid profiles in patients with chronic hepatitis C genotype 1b" shows the influence of interferon-free antiviral therapy on lipid profiles in chronic hepatitis C patients infected with HCV genotype 1b. Between DCV/ASV therapy and SOF/LDV therapy, there is a quite enormous difference in the changes of serum lipid profile which are delivered by the 2 regimen. The data shown in this manuscript are very important to take measures against it. There are comments that are needed to be addressed to the authors. Major comments: 1. The authors did not mention in detail about exclusion criteria in Materials and Methods section. Chiefly, current medication and past medical history associated with lipid profiles are necessary. Please add the description of exclusion criteria. 2. In Table 1, p-values for each items are not provided. Please add the description of p-values. Especially, in the group of patients treated with SOF/LDV, there seem to be more number of females than that of males. 3. In the Discussion, the authors argue that "This finding suggested that DCV-ASV therapy somewhat inhibited the increase in serum cholesterol." To confirm the consideration, lipid profiles of the patients whom treatment

with DCV/ASV failed in and whose HCVs were still detected after treatment should be shown. Furthermore, if possible, lipid profiles of the patients whose treatment with DCV/ASV was given up within 24 weeks because of side effect and whose HCV could be lost are needed. 4. In the Discussion, the authors state that "the difference in antiviral efficacy between the two regimens was not involved in the extent of the increase in serum cholesterol." This statement sounds too durable. If the authors want to discuss the influences of each drug, the mechanisms of each drug should be suggested. Minor comments: 1. In this manuscript, references are overly abundant. Please choose only the articles which are related to the contents of your manuscript closely. 2. In "Detection of the factors affecting the change in TC, LDL-C, and HDL-C at 4 weeks of therapy by multiple linear regression analysis" subsection, one of the therapy protocol names is wrong. In the subsection, the expression "SOF/DCV" is found. It should be correct. 3. In this manuscript, the unit used for measurement of HCV-RNA is wrong. It is not "log copy/mL" but "log IU/mL." Please correct it. 4. In the footnote of Table 1, misspellings are found: "Alubmin" and "ribonucleic asid." Please correct misspellings. 5. In the footnote of Table 2, a misspelling is found: "tryglyceride." Please correct it. 6. In the figure legend of Figure 3, the authors display "SOF-LDV: Sofosbuvir plus LDV therapy." Please change it to the correct notation.