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## PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 67180

**Title:** Treatment of Hepatitis B Virus Infection in Children and Adolescents

Reviewer's code: 04072104 Position: Editorial Board Academic degree: MD, PhD

Professional title: Chief Doctor, Doctor, Occupational Physician, Research Scientist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-04-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-29 05:40

Reviewer performed review: 2021-05-02 02:17

Review time: 2 Days and 20 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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## SPECIFIC COMMENTS TO AUTHORS

It is an interesting review about "Treatment of Hepatitis B Virus Infection in Children and Adolescence". My concern is determined in the following points. Drugs in the Pipeline for HBV. The primary goal of current therapeutic research for chronic hepatitis B is to achieve a functional cure after a finite course of therapy. Both direct-acting antivirals, targeting different aspects of the hepatitis B virus (HBV) replication cycle, and immunotherapeutic approaches are being explored as monotherapies and /or in combination with other agents. The key molecular objective is estimation of HBV covalently closed circular DNA, which is the source of viral transcription associated with chronic infection, but minimally affected by current therapies. Direct-acting antivirals under clinical investigation include entry inhibitors, core protein inhibitors, and RNA silencers. Immunotherapeutic approaches include TLR-7 and TLR-8 agonists, therapeutic vaccines, checkpoint inhibitors, RIG-I agonist, and anti-HBV antibodies. Results of preclinical and early clinical studies are promising; in the next few years, anticipated phase 2 and 3 data will establish which drugs or combinations may contribute to a functional cure. Above mentioned should be referred to.



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Name of journal: World Journal of Gastroenterology

Manuscript NO: 67180

**Title:** Treatment of Hepatitis B Virus Infection in Children and Adolescents

Reviewer's code: 05696250 Position: Peer Reviewer

Academic degree: DVM, MD, MSc, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Bangladesh

**Author's Country/Territory:** Italy

Manuscript submission date: 2021-04-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-29 01:57

Reviewer performed review: 2021-05-08 07:12

**Review time:** 9 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ Y] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [ Y] Onymous  Conflicts-of-Interest: [ ] Yes [ Y] No



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## SPECIFIC COMMENTS TO AUTHORS

Manuscript entitled 'Treatment of Hepatitis B Virus Infection in Children and Adolescents' by Stinco M et al. is a nice compilation of the current treatment for HBV chronic infection. It is well-written and worthy of publication. However, I have few minor comments that need to be addressed before publication. 1. Authors should include mode of action (briefly), major strength and limitations of each drug. 2. Peginterferon alfa-2b and Telbivudine are better to be deleted from Table 2, as because of the heading of the table 3. There are some typos, that should also be carefully checked and corrected, e.g. in page 9, HIV confection should be HIV coinfection, and in page 14, antibodis should be antibodies. 4. Table number should be included where has been indicated that 'Abbreviations used in Table 1/Table 3.