

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79895

**Title:** Correlation between COVID-19 and hepatitis B: A systematic review

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05915429

**Position:** Peer Reviewer

**Academic degree:** BSc, MSc

**Professional title:** Reader in Health Technology Assessment

**Reviewer's Country/Territory:** India

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

**Manuscript submission date:** 2022-09-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-12 12:35

**Reviewer performed review:** 2022-09-13 05:42

**Review time:** 17 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

**statements**

Conflicts-of-Interest: [ ] Yes [Y] No

**SPECIFIC COMMENTS TO AUTHORS**

1) Change the title to Systematic review. 2) Provide PRISMA checklist and register this systematic review in PROSPERO systematic review database. 3) Usually incidence rate of mortality or event is calculated every year but the authors have collected the data of more than 2 years. Please justify this. 4) I would suggest to place the table 1 in supplementary data section and prepare a table on Total number of studies, Total number of patients, co-infection, Outcome (mortality, survivability), complications, Various drugs used for COVID-19 or HBV infections. 5) Double check if studies are entered as duplicates in Table 1.

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**Title:** Correlation between COVID-19 and hepatitis B: A systematic review

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06393715

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Romania

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

**Manuscript submission date:** 2022-09-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-29 20:38

**Reviewer performed review:** 2022-09-29 23:27

**Review time:** 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The manuscript is a very thorough analysis of the currently existing records of COVID-19 and HBV co-existence. The manuscript presents a magnificent highlighting of the mechanisms involved in the dual-sense interaction of COVID-19 and HBV. Also, the likely causes of bias in the selected studies are clearly stated in the last part of the article. However, a few issues should be corrected in order to improve the reading flow of the article. The changes mentioned further below are mostly not related to the scientific content, but to the structuring and conciseness of the text. \* Page 1, line#10 and #33: "And vice versa, does COVID-19 accelerate the progressive course of hepatitis B ..." I advise the authors to keep only one term, either "progression" or "course", as they both hold similar significance in this sentence. \* Page 2, line#49: A verb is missing in the sentence starting with "The literature search in...". I suggest this to be replaced with "An experienced information specialist searched literature in the following online databases: PubMed, ...". \* Page 2, line#58: I suggest "Some articles included after..." to be replaced with "Several articles were included after ...". \* Page 2, line #66: I suggest replacing "inclusion and exclusion" with "inclusion workflow". \* Page 5: I believe that the article - reference number 54 - is not quite relevant for the current review. The sample size is only 19 patients, and despite the fact that there are several selected articles with way less patients, this one - 54 - shows very little significance. There is only one report with HBV among the 19 cases, there are no information regarding biochemistry or outcome; conclusions would therefore rely mostly on observations at admission, and co-infection HBV-COVID-19 biochemical characteristics would not be supported by any quantitative data. A liver-damage-frequency comparison of 19 COVID-19-positive patients against non-COVID-19 patients consists an inadequate sample number, I believe. Furthermore,

in the original article by Zhao et al. there is no statistical comparison of COVID-19 and non-COVID-19 patient biochemical profile to support the observed liver profile marker elevations. The conclusions stated in the original article, also, do not bring too much significance to the current review. \* Page 7: Article - reference number 50 - does not bring enough contribution to the current review, I believe. The original sample of positive COVID-19 patients is not the smallest, yet there is only one case of HBV co-infection among them. Thus, this article can be regarded as a single patient case-report for the current review. I certainly do not suggest it to be removed, but care to be taken when interpreting the results. \* Page 12: Several spacings are missing. \* Page 13, line#81: Please delete the unnecessary rows and bring the numbering "1." in the same row as "Results and interpretations". \* Page 13, line#85: The term "blood picture" is not clear. Please replace with "blood parameters" or "serum liver enzyme profile" or similar. \* Page 13, line#90: I suggest adding a dash between the words "liver transplant", since they are immediately followed by "patients". \* Page 13, Figure 2 title. Please rephrase the figure title, as it is now misleading. I suggest using "Pie-chart distribution by country of the 58 included studies" or similar. \* Page 14, line #120: Please add a short phrase regarding the use frequency and benefit of corticosteroid therapy in COVID-19. \* Page 14, line#129: Please define the acronym "ALB". Please also remove the definition from page 18, line#284. \* Page 14, line#131: Please replace "liver cell" with "hepatocyte". \* Page 14, line#134: I suggest replacing "recovery" with "resolution". \* Page 15, line#140: I strongly advise adding a short piece of text regarding a more thorough explanation regarding the mechanism of thrombocytopenia in COVID-19 patients, using the same reference. \* Page 15, line#161: Please rephrase "Older men with severe comorbidities are also considered as risk factors for HBV reactivation" with "Age, male sex and severe comorbidities are considered risk factors for HBV reactivation" or similar. Also, please describe and denote which severe comorbidities are regarded as risk factors. \* Page 16,



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line#182: Please disclose "higher percentages" compared to what? Previous marker elevations are way above bilirubin total level. \* Page 16, line#189: I advise adding some information regarding clinical correlation of NT-proBNP with patients' prognosis. \* Page 17, line#240: I suspect "junction" should be replaced with "function", otherwise the sentence is misleading. \* Page 18, line#263: I recommend replacing "been reported to the contrary that the incidence" with "been reported the contrary - that is, the incidence ...". \* Page 20, line #363: Please state which gender has been associated with higher risk. \* Page 20, line#375: Please use a synonym of inhibit, instead of "improving", such as "interfere with". \* Page 21, line#390: I recommend replacing "lack of continuous" with "discontinuation of". A Word Document of the original manuscript will be attached, for the authors to easily follow the mentioned changes.