



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 90838

Title: Risk of hepatitis B virus reactivation in oncological patients treated with tyrosine kinase inhibitors: A case report and literature analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05469058

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2023-12-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-21 13:25

Reviewer performed review: 2024-01-01 16:20

Review time: 11 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a well-written paper containing interesting results which merit publication. Hepatitis B virus (HBV) reactivation may occur spontaneously, during or after antiviral therapy, or when receiving immunosuppressive chemotherapy. The authors summarize current strategies for hepatitis B activation: administering anti-HBV prophylactic treatment with nucleotide analogues is advisable for patients receiving TKIs for hematologic malignancies who exhibit either positive HBsAg or resolved HBV infection with detectable HBV DNA, while close monitoring and on-demand NA therapy is warranted in HBsAg- (low risk of HBVr). The authors advocate for regular updates on the risk of HBVr associated to specific drug classes, and emphasized that type of tumor (solid or hematologic) should be analyzed as a possible risk factor for deciding when to start antiviral prophylaxis. The wording and style of some section need careful editing. Attention should be paid to: 1. Uppercase and lowercase writing: HBsAg and HbsAg. 2. The unit of aminotransferase is U/L, not IU/L. 3. Abbreviation and full name: the last sentence in the first paragraph of the text is the first time ULN appears. The full name should be written here instead of appearing in the fourth paragraph of the text.



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568

E-mail: office@baishideng.com

https://www.wjgnet.com

Although this paper is good, it would be ever better if some extra data were added. If the patient's pre-treatment HBV DNA value is supplemented to exclude latent hepatitis B infection, the data will be more convincing.