



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 57096

**Title:** The HIPPOCRATESÒ Project: a proof of concept of a collaborative program for HCV microelimination in a prison setting

**Reviewer's code:** 02540539

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Head

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

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

**Manuscript submission date:** 2020-05-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-26 13:52

**Reviewer performed review:** 2020-05-26 14:43

**Review time:** 1 Hour

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 Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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#### **SPECIFIC COMMENTS TO AUTHORS**

For global eradication of HCV, DAA therapy for prisoner is very important. This manuscript deserves publication.



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**Reviewer's code:** 00006208

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2020-05-26

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**Reviewer accepted review:** 2020-05-29 14:26

**Reviewer performed review:** 2020-05-31 10:08

**Review time:** 1 Day and 19 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Strong points -The authors report an interesting experience of microelimination of HCV in prison with systematic screening as part of a national strategy and an investment by all professionals in prison, prison staff and health care providers but also including hospital hepatologists, and a risk reduction strategy with maintenance of care after release of prisoners. The paper is well written and easy to read To be discussed: However, this experience is not applicable in many prisons on European territory. Moreover, it is expensive and time-consuming. Thus, the authors should justify their spectacular results with more precise data concerning the training of prison staff which is essential, the role of nurses ... and the applicability of their model to other structures.

1) Systematic screening of all prisoners for hepatitis viruses and HIV at the time of their incarceration is not usual and appears to be a key strategy even if little practiced. The results of other studies that never reached this level of care could be cited for comparison. Ex the retrospective study of Quebec with on-demand screening leading to screening carried out in 7% of cases with 2 patients in total treated (for an initial population of 4,930 inmates)The hepatitis C virus cascade of care in a Quebec provincial prison: a retrospective cohort study. Kronfli N, Dussault C, Klein MB, Lebouché B, Sebastiani G, Cox J. *CMAJ Open*. 2019 Dec 3;7(4):E674-E679. doi: 10.9778/cmajo.20190068. Print 2019 Oct-Dec. PMID: 31796509 The results of other organized strategies could be cited as in the United Kingdom where the results are good but not excellent Detection, stratification, and treatment of hepatitis C positive prisoners in the United Kingdom prison estate: Development of a pathway of care to facilitate the elimination of hepatitis C in a London prison. Connoley D, Francis-Graham S, Storer M, Ekeke N, Smith C, Macdonald D, Rosenberg W. *J Viral Hepat*. 2020 May 25. doi: 10.1111/jvh.13336. Online ahead of print. PMID: 32449969 Also to mention the



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Georgian experience An evaluation of the hepatitis C testing, care and treatment program in the country of Georgia's corrections system, December 2013 - April 2015. Harris AM, Chokoshvili O, Biddle J, Turashvili K, Japaridze M, Burjanadze I, Tsertsvadze T, Sharvadze L, Karchava M, Talakvadze A, Chakhnashvili K, Demurishvili T, Sabelashvili P, Foster M, Hagan L, Butsashvili M, Morgan J, Averhoff F. BMC Public Health. 2019 May 10;19(Suppl 3):466. doi: 10.1186/s12889-019-6783-4. PMID: 32326938 -

There is no discussion of the rate of refusal of screening, as screening seems legislated ? If not, how many patients refused to enter the program? 2) This approach assumes the availability of several specialist doctors in situ in the strategy of going towards, which is rarely obtained in practice 3) The strategy presupposes a daily distribution of drugs by prison staff who thus have a crucial role: how are they trained? Do they also distribute TSOs? Do prison guards have a key role in education for prevention of reinfection risks both in prison and after discharge? 4) -It presupposes the availability of a FibroScan in each prison and a national investment in the process 5) There is no clear description of a strategy for renewing screening during the stays of patients with longer sentences, even if a low rate of reinfection is suggested. What is the long-term screening strategy? It would thus be useful to specify the average length of stay in the prison environment considered. 6) In the same vein, there is little prescription of 8 weeks Maviret treatment which could favor the reduction in the length of the treatment and therefore microelimination. Why ? Determining the genotype in all patients is expensive. Was it useful? What justification for the genotype in the management of a simplified route? In a correctional system what about temporality? Other usable techniques TRODs GeneXpert in the perspectives could be evoked ? 7) The role of medical specialists is highlighted and little is said about nurses, who nevertheless have a key role in therapeutic compliance. It seems that the prison staff is the almost exclusive interlocutor of prisoners apart from medical specialists 7) After this prospective study,



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do the authors intend to carry out prevalence and comparative incidence studies over the before / after period? Although it seemed that the rate of de novo infection and reinfection was low even during detention in this study, this is not the experience of other prison systems where infection can be acquired up to 70% cases in prison even if drug injection is not permitted (The role of prison-based interventions for hepatitis C virus (HCV) micro-elimination among people who inject drugs in Montréal, Canada. Godin A, Kronfli N, Cox J, Alary M, Maheu-Giroux M. *Int J Drug Policy*. 2020 Apr 8:102738. doi: 10.1016/j.drugpo.2020.102738. Online ahead of print. PMID: 32278651  
Minor comments Laboratory data page 8: add HIV testing



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 00006208

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2020-05-26

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2020-07-25 17:58

**Reviewer performed review:** 2020-07-26 07:05

**Review time:** 13 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS



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The authors have responded to all my comments and incorporated the responses into the manuscript. Two final detailed remarks: -page 9 line 5 the sentence "There were two patients that refused treatment and eight patients started treatment in another institution after being moved". should be integrated into the results and not the methods -page 11 line 4 "and testing negative for HIV" should be deleted because in contradiction with the next sentence