



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 18457

Title: Hepatitis B virus reactivation with a rituximab-containing regimen

Reviewer's code: 00058353

Reviewer's country: Argentina

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-22 08:54

Date reviewed: 2015-05-14 07:15

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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

It would be important in this review a description, though brief, of the clinical characteristics of patients with reactivation despite the possibility of reactivation is now already well known for specialists. It would be better from a practical standpoint to the better understand of the chart that the authors use the international abbreviations (HBsAg, AntiHBs, HbeAg, AntiHBc) instead the used in Fig 1.(HBc ab, Hbsab etc) It's a very well full review and I recommend to publish with minor correction of english,

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 18457

Title: Hepatitis B virus reactivation with a rituximab-containing regimen

Reviewer's code: 00053107

Reviewer's country: South Korea

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-22 08:54

Date reviewed: 2015-05-08 12:05

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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

1. Core tip: Authors mentioned two types of patients who need careful monitoring; 1) HBsAg positive and 2) HBcIgG positive/HBsAb negative patients. However, HBV reactivation can occur even in patients with HBcIgG positive/HBsAb positive patients (Yeo et al., Hepatology 2006;43:209, Cheng) 2. Core tip: HBV DNA monitoring once a month for HBcIgG + patients can be considered, but may not be cost-effective approach. Optimal interval for HBV DNA monitoring needs to be demonstrated. Is there any data which investigated optimal interval for HBV DNA monitoring during Rituximab containing treatment? 3. HBV-DNA mutations: authors should discuss recent paper by Salpini et al., (hepatology 2015;61:823), which reported immune-escape mutation 4. Reference should be corrected - ref. 21, 211 contained Japanese character. - References 4-9 are not cited. - Too many references for a single sentence (e.g., 10 refs (ref 17-26) to show higher risk of HBV reactivation for rituximab. 5. Epidemiology of HBV reactivation: Huang RCT results are discussed in this section. Does it match with the sub-title? 6. Authors should discuss both HBcAb positive HBsAg negative and HBsAb positive cases. No discussion for HBsAb positive, HBcAb positive cases, however, reactivation do occur even in HBcAb+/HBsAb+ case when rituximab is



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used. 7. Confusion on summary of HBcAb positive HBsAg negative patients: Should they receive prophylactic treatment with nucleoside analogues? Or monthly follow-up for the presence of HBV DNA? 8. Administration of NUC upon HBV reactivation: A. Can interferon used in this setting? Is there a data to support this? B. 1.0mg entecavir for acute hepatitis? Is there a rational or data to suggest 1.0mg entecavir over 0.5mg entecavir? Usually 1.0mg entecavir is used to rescue lamivudine-resistant HBV. C. If resistance to entecavir or lamivudine develops, author stated 10mg adefovir, 600mg telbivudine, 200mg tenofovir can be used: However, telbivudine cannot rescue entecavir-resistant HBV. Is there any data that telbivudine can be used in ETV-resistant HBV? Also dose of tenofovir (200mg) should be looked up. 9. Fig.1 HBcAb+ are divided into HBsAb- and HBsAb+ patients, but both are recommended HBV DNA, and regular monitoring once a month. Why authors divided HBcAb+ into HBsAb- and HBsAb+ patients, if management strategy is same?