

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17292

Title: Importance of virological response in the early stage of telaprevir-based triple therapy

Reviewer's code: 00053709

Reviewer's country: Pakistan

Science editor: Yuan Qi

Date sent for review: 2015-03-01 14:35

Date reviewed: 2015-03-14 19:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Hiramine et al. in the article "importance of virological response in the early stage of teleprevir-based triple therapy" describe in detail the factors which can be used for the prediction of therapeutic outcome. The limitation of the study is as mentioned by the authors too that all the results are only for HCV genotype 1 Japanese patients. IL28b polymorphism are now a known factor influencing the treatment response, author has taken this as a predictive factor too. But the polymorphism at IL28b rs8099917 is studied while another very important polymorphism rs12979860 which is well documented to influence the therapeutic outcome is not studied, it would be great if authors have studied that too on these patients. Overall the study is well-designed and well written, if accepted it will definitely help in early detection of therapeutic response in patients taking triple therapy.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17292

Title: Importance of virological response in the early stage of telaprevir-based triple therapy

Reviewer's code: 03022462

Reviewer's country: Germany

Science editor: Yuan Qi

Date sent for review: 2015-03-01 14:35

Date reviewed: 2015-03-16 17:15

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 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 checked="" 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 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

The manuscript by Hiramine et al. deals with the virologic response under the antiviral treatment with PEG-IFN/RBV+TVR in GT1b infected patients in Japan. The study is well designed in a multicenter randomized prospective setting and many data on HCV-RNA are available. However, there are some major limitations within the study, that require major consideration. 1. TVR is not any more the standard of care in patients with GT1 infection since many IFN-free DAA regimes are already approved both in Europe as well as in the US. I fully understand, that the study was conducted prior to the approval of DAA's; though it is imperative to discuss the current standard of care with IFN-free regimens as well as with the IFN-based treatment together with RBV and SMV. Furthermore the limitation of NS3-Inhibitors in patients with cirrhosis, in the post-transplant setting and in co-medication should be stated and discussed. 2. The authors do not comment or provide any data regarding the occurrence of resistance mutations within the NS3-region prior to therapy as well as in non-responders and relapsers (Sarrazin, Zeuzem Gastroenterology 2010). 3. The multivariate analysis conducted by the authors does not include stage of fibrosis despite the highly significant

association of stage of liver fibrosis to SVR shown in Table 1. Furthermore, i consider the involvement of both VR4 and VR6 within the multivariate analysis as problematic, since both parameters associate significantly to each other. 4. Further known non-invasive predictors of SVR such as ferritin (Lange et al. Hepatology 2012), serum gGT (Weich et al. J. Gastroenterol 2011) and cholesterol (Sarrazin et al Gastroenterology 2011) are not considered in the current study. 5. The authors should state that PEG-IFN/RBV+TVR is only considered for GT1 patients in regions of the world, where new approved DAA's (SMV, LDV, SOF, DCV)are not available. 6. From my point of view the conclusion of the study, that VR6 would be more beneficial than VR4 is controversial to many studies conducted so far with a high number of included patients as well as with all the published guidelines (EASL and AASLD) regarding the individualization of IFN-based treatment regimes. I suggest to the authors to reevaluate the main conclusion drawn from their current study.