

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 29412

Title: On-treatment quantitative HBeAg predicted response to nucleos(t)ide analogues in chronic hepatitis B

Reviewer's code: 02860897

Reviewer's country: Japan

Science editor: Yuan Qi

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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 checked="" 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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

HBV is a major cause of chronic liver disease including chronic hepatitis, liver cirrhosis and hepatocellular carcinoma. Reactivation of HBV is closely related to acute exacerbation of HBV carriers which sometimes leads to liver failure. Introduction of NAs dramatically changed the landscape of HBV treatment that is useful weapon to suppress HBV replication. NAs can only suppress HBV replication but not eradicate HBV. Therefore several problems remains including setting of endpoint and adequate cessation of NAs. Major 1. Nowadays, we can choose several types of NAs. Why did you choose the combination of lamivudine and adefovir. LAM has a profile of low genetic barrier and ADF has suboptimal antiviral effect. 2. I understand your statement that HBeAg level and its decline are useful reference marker to predict 96-week therapy. By any kind of basis do you set these endpoints? 3. After 96-week treatment, how many patients did you cease the treatment. Let us know the outcome of the cessation of the treatment. 4. Add adverse events during the treatment.