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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology
**ESPS manuscript NO:** 22356
**Title:** High level of serum cholesteryl ester transfer protein in active hepatitis C virus infection
**Reviewer's code:** 01524125
**Reviewer's country:** China
**Science editor:** Jin-Xin Kong
**Date sent for review:** 2015-08-31 08:54
**Date reviewed:** 2015-08-31 09:52

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing | Google Search: | [ ] Accept |
| [ ] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [ Y] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [ Y ] No | [ Y] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [ Y ] No | |

## COMMENTS TO AUTHORS

In this study, the authors found that HCV infection was an independent factor contributing to the increase in serum CETP, the increase in CETP resulted in abnormal retention of TG in HDL. These findings suggest that CETP is one of the factors that contribute to abnormal lipoprotein metabolism in patients with active HCV infection. This study has scientific basis and is interesting. I have the following comments in detail: 1) Title: Cholesteryl ester transfer protein increase in chronic hepatitis C virus infection, this title dose not suitable for your study, you could not say CETP increase HCV infection. 2) How did you select the patients? Randomly or sequentially? 3) Have you performed multicollinearity analysis before multiple regression analysis? What were the correlation patterns among serum lipids? 4) Any impact of HCV genotypes on your result - he serum CETP levels of patients with active HCV infection were significantly higher than those of patients in whom HCV eradication was achieved (mean ± standard deviation [SD], 2.84 ± 0.69 vs 2.84 ± 1.00 μg/ml, P = 0.008). You know, in active group, the 1b genotype is 87%, while in eradication group 1b genotype is only 65%.

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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology
**ESPS manuscript NO:** 22356
**Title:** High level of serum cholesteryl ester transfer protein in active hepatitis C virus infection
**Reviewer's code:** 02439938
**Reviewer's country:** China
**Science editor:** Jin-Xin Kong
**Date sent for review:** 2015-08-31 08:54
**Date reviewed:** 2015-09-14 11:05

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ ] Grade A: Priority publishing | Google Search: | [ ] Accept |
| [ ] Grade B: Very good | [Y] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [Y] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [Y] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [Y] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y] No | |

## COMMENTS TO AUTHORS

This manuscript provides a study on the CETP levels in patients of active HCV infection and recoveries. This is an interesting article. But there are some major issues as below: 1. How did the authors select samples? How to avoid sample bias? 2. How many patients with liver function abnormal (ALT, AST, gamma-GT, etc) in these two groups, especially in active HCV infection group? Do the authors analyze the association between the CETP and liver function, HBA1C? Because the R2 values were very low in the selected six factors, in which it means not a strong relationship even though $P<0.05$. And how is the relationship between HCV infection status and liver function? 3. How is the impact of HCV genotype? Because most of genotype are 1b in these sample size. 4. Each table should be made a note. 5. There is a wrong typing in abstract. "2.84 ± 0.69 vs 2.84 ± 1.00 μg/ml, P = 0.008" should be "2.84 ± 0.69 vs 2.40 ± 1.00 μg/ml, P = 0.008"?

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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology
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**Title:** High level of serum cholesteryl ester transfer protein in active hepatitis C virus infection
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**Reviewer's country:** France
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| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ ] Grade A: Priority publishing | Google Search: | [ ] Accept |
| [Y] Grade B: Very good | [Y] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [ ] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [Y] Minor revision |
| [ ] Grade E: Poor | | [Y] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y] No | |

## COMMENTS TO AUTHORS

An interesting aspect of HCV infection is that it correlates with aberrant lipid and lipoprotein metabolism. The current manuscript by Satoh and colleagues shows that active HCV infection correlates with increased levels of cholesteryl ester transfer protein (CETP). While the manuscript shares this interesting finding, some of the conclusions are unfounded and there are some errors in the manuscript that should be corrected prior to publishing: 1)The first line of the results section of the abstract makes an error in the primary finding of the paper, that CETP levels are 2.84 compared to 2.40. That this error passed the attention of the authors warrents a request that the authors go through the manuscript in its entirety to double-check every number. 2) The authors state that their "results indicate that active HCV infection may promote CETP activity". To my mind, the reverse is more likely; that lower CETP activity contributed to effective viral clearance. This could be mediated by diminished lipoviral particles (see Bridge SH, et al.Gut 2011 and Felmlee DJ et al. 2010). If CETP activity contributes to vascular lipoviral particle formation, this may be a mechanism for sustaining infection. This should be thoroughly discussed as an alternate possibility. 3) The scale on Fig.2 y-axis

should be standardized for both Eradication and Active HCV group. The figure legends could use more detail and correct punctuation. I'm unsure what the primary finding is of Fig. 2 regarding VLDL and chylomicron vs. CETP. There is a negative correlation between TRL TG and CETP levels, which is more robust in the Eradication group. Since CETP exchanges a cholesteryl-ester molecule for a TAG molecule, it would be very useful to supplement this figure with cholesterol levels of the different fractions. 4) The numbers don't exactly agree between the results section and the tables. The CETP levels of HCV eradicated are 2.40 in the results and 2.39 in Table 1.