

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 21931

**Title:** Non-Initiation of HCV Antiviral Therapy in Patients with HIV/HCV Co-Infection

**Reviewer's code:** 00069464

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-08-03 11:45

**Date reviewed:** 2015-08-14 17:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 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 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

Review comments for the manuscript of WJG (NO: 21931) : I enjoyed reading the manuscript of "Non-initiation of HCV antiviral therapy in patients with HIV/HCV co-infection" by Oramasionwu et al. The manuscript evaluated the reasons for non-treatment with HCV antiviral therapy and to assess how they differentially affect racial and ethnic minorities with HIV/HCV co-infection. It may help to recognize and overcome potential treatment barriers in order to improve treatment uptake and eradicate HCV in this patient population in the era of DAAs. The study period is from 2004 to 2011, when PR therapy was the standard of treatment for HCV patients with or without HIV co-infection. Although the study has some limitations, it may be interest to the readers of the journal. And I think this manuscript maybe accepted with a major revision. Major comments: 1. Although patients with different genotype have a different efficacy may a reason of non-initiation of HCV antiviral therapy in this patient population. In view of vast majority of patients were genotype 1 (92%), patients lack of HCV genotype results should not excluded in this study. Also, the patients died during the study period should not excluded in this study, since the study just to document reasons of non-initiation of HCV antiviral therapy. In this way, the sample size will be significantly

increased. 2. Advanced immunosuppression ( $CD4 < 200$ ) was a common reason for non-treatment for HCV, and was an indication for HAART. A considerable portion of patients with advanced immunosuppression and received HAART, how does the author rule out the effect of this confounding factor on non-initiation of HCV antiviral therapy in different racial/ethnic group. 3. As described by the authors, the main shortcoming of the article is that authors did not evaluate differences in HCV treatment by race/ethnicity. 4. Why only a few patients have HCV RNA data, 17 patients (14%) and 5 patients (4%) before and after May 1, 2007, respectively. Minor comments 1. Reference 11 and 29 is the same literature, please delete one. 2. The language is excellent, exclude a few typing mistakes, such as Page 4, Line 5 of Core tip: 'modifiable medical reasons' should be 'non-modifiable medical reasons'; Page 13, first Line of Conclusion: 'modifiable' should be 'non-modifiable', etc.

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

**ESPS manuscript NO:** 21931

**Title:** Non-Initiation of HCV Antiviral Therapy in Patients with HIV/HCV Co-Infection

**Reviewer's code:** 02995436

**Reviewer's country:** Spain

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 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

Oramansionwu et al, carried-out a retrospective cohort study to analyse the effect of different medical and social variables on non-starting anti-HCV treatment in HIV/HCV patients. They selected retrospectively a cohort of co-infected patients that did not start treatment and they registered in this cohort non-modifiable and potentially modifiable medical variables, as well as non-medical variables. They did not find any relation between the racial/ethnic origin and the causes involved in not starting treatment. The study is well written and the design and objectives are perfectly described. Nevertheless, in my opinion there are two shortcomings. Firstly, the authors excluded patients that did not start treatment if they couldn't find information about genotype or the patient died. They should analyse the medical and social features of the excluded patients, because the non-enrolled patients could bias the results if these patients were predominantly from the same ethnic origin. Therefore, these cases should be either included in the analysis or another analysis in this cohort should be performed to show that there is no a selection bias. Another issue is that authors analysed only non-starting treatment cases, but it could be very informative to know what happened with cases starting treatment. Since it could be possible that some patients starting



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treatment could have some of the reasons for not starting treatment and this could be related with the ethnic origin. To sort out this problem, the authors should have considered the independent variable as a categorical variable (treatment indication: positive or negative) and the dependent variable as the ethnic origin. They should have carried out a logistic regression controlled by the other co-variables (modifiable and non-modifiable medical and non-medical reasons). In my opinion the quality of the study would increase if they also record the data from patients starting treatment and if they analyse the features of the non-enrolled cases.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 21931

**Title:** Non-Initiation of HCV Antiviral Therapy in Patients with HIV/HCV Co-Infection

**Reviewer's code:** 00052899

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<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
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

In the retrospective cohort study, the author aimed to document reasons for non-treatment with HCV therapy and assess how they differentially affected racial and ethnic minorities in 121 patients with HIV/HCV co-infection. It was found that race/ethnicity alone was not predictive of reasons for HCV therapy non-initiation. In conclusion, targeted intervention might improve access to therapy for all patients with HIV/HCV co-infection. The topic of this paper is not novel. Furthermore, there remain several problems in the retrospective cohort study. All of the patients number of Caucasian, Hispanic/other, genotype 2, 3, 4 and the total sample size are too small. Moreover, only 22 patients had HCV RNA data among 121 patients with HIV/HCV co-infection. The description of "whites" in the last two figures of Figure 1 is inappropriate that should be replaced with "Caucasians". In the first sentence of conclusion, "modifiable, potentially modifiable, and non-medical reasons for non-treatment did not differentially affect racial and ethnic minorities co-infected with HIV/HCV", "modifiable" should be "non-modifiable".