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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS Manuscript NO:** 2580

**Title:** Association of inosine triphosphatase polymorphism with outcomes of peginterferon- $\alpha$  plus ribavirin combination therapy: Retrospective analysis in patients infected with hepatitis C virus genotype 1b

**Reviewer code:** 01879154

**Science editor:** Huang, Xin-Zhen

**Date sent for review:** 2013-03-03 17:13

**Date reviewed:** 2013-03-18 22:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B (Very good)	<input type="checkbox"/> [ Y] Grade B: minor language polishing	<input type="checkbox"/> [ ] Existed	<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"/> [ ] No records	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> [ ] Grade D (Fair)		BPG Search:	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E (Poor)	<input type="checkbox"/> [ ] Grade D: rejected	<input type="checkbox"/> [ ] Existed	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> [ ] No records	

## COMMENTS TO AUTHORS

This paper identifies patients with ITPA (rs1127354) genotype CC had a higher degree of hemoglobin reduction in response to Peg-IFN $\alpha$  + RBV treatment compared with those with the CA/AA genotype. This is informative in informing the awareness of haemoglobin reduction or anemia during treatment of HCV. Minor points

1. What is the meaning of full-length treatment ? Should it be full-course treatment regimen ? Please identify full-length treatment in the last conclusion paragraph of the text.
2. Authors should combine 2 sentences into one and use while not whereas - ' The greatest difference in mean hemoglobin reduction was found at week 4. Whereas, platelet reduction was temporally heavier in patients with ITPA CA/AA genotype at weeks 2 and 4 (Fig. 1B).'
3. In Tables 2, 3 and 4, please define SVR, RVR, EVR in table footnotes.
4. Abbreviation list is missing.



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**ESPS Manuscript NO:** 2580

**Title:** Association of inosine triphosphatase polymorphism with outcomes of peginterferon- $\alpha$  plus ribavirin combination therapy: Retrospective analysis in patients infected with hepatitis C virus genotype 1b

**Reviewer code:** 02445642

**Science editor:** Huang, Xin-Zhen

**Date sent for review:** 2013-03-03 17:13

**Date reviewed:** 2013-03-26 21:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This paper describes the impact of ITPA polymorphism on antiviral therapy with for therapy of hepatitis C. This is an retrospective analysis, but it is well written and adaequately discussed. I am not an expert in this field, but the presentation of the results appears to be adaequate.



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**ESPS Manuscript NO:** 2580

**Title:** Association of inosine triphosphatase polymorphism with outcomes of peginterferon- $\alpha$  plus ribavirin combination therapy: Retrospective analysis in patients infected with hepatitis C virus genotype 1b

**Reviewer code:** 02445708

**Science editor:** Huang, Xin-Zhen

**Date sent for review:** 2013-03-03 17:13

**Date reviewed:** 2013-04-03 15:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The topic is interesting and relevant. The manuscript is well written and concise. However, some data are confirmatory (for instance see: Viral Hepat 2013, 20, 113-121) and still at preliminary status (more patients should be included in the study to support the conclusion). Specific comments: 1. Much more patients (especially CA/AA genotype) should be included in the study to improve the clinical significance of the presented results, especially to prove (or reject) association between ITPA polymorphism and treatment outcome. 2. Contradictory results concerning association between ITPA polymorphism, hemoglobin decline and outcome of peginterferon- $\alpha$  plus ribavirin combination therapy published so far should be discussed in the Discussion section. 3. Why mean concentration of serum AFP in CA/AA was lower than in CC patients (Table 1) and why AFP was not included in Table 4 ?