

July 27, 2015

Editorial Office  
The World Journal of Hepatology

Dear Editor,

We enclose our revised manuscript in a Word format (file name: 18457.doc).

**Title:** HBV reactivation with a rituximab-containing regimen

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**Name of Journal:** World Journal of Gastroenterology→World Journal of Hepatology

**EPES Manuscript NO:** 18457

**Editor:**

The manuscript has been revised according to the suggestions of reviewers.

## **Reviewer 1.**

1. We added the risk of reactivation in the anti-HBc positive and anti-HBs positive patients in the core tip according to your suggestion.
2. Actually, the HBV-DNA monitoring interval remains unclear. We added this to our text.
3. We added to our text several mutation patterns that contain the immune-escape mutation of HBV-DNA.
4. We corrected the references in the text. References 4-7 were cited, reference 21 was checked, and references 17-26 were revised according to your suggestions.
5. We revised the Huang RCT results in the HBc antibody positive sections according to your suggestions.
6. We divided the HBs-ag negative/HBc-ab positive section into HBc-ab positive/HBs-ag negative/HBs-ab negative and HBc-ab positive/HBs-ag negative/HBs-ab positive sections and discussed them in the text.
7. It is not explicitly stated whether follow-ups or prophylactic administration are desirable. As stated in the HBc-ab positive/HBs-ag negative / HBs-ab negative and HBc-ab positive/HBs-ag negative/HBs-ab positive section, the former should probably be a prophylactic, and the latter is probably suitable for monthly follow-ups when administered as a prophylactic. We added the above statements to the main text.
8. Based on the reviewer's indications, we added to the main text that interferon is not only a bone marrow suppressant but may also exacerbate liver damage and that its administration during HBV reactivation is undesirable. We also revised the main text to reflect that tenofovir is the drug of first choice when there is resistance to lamivudine and entecavir. The addition of adefovir is also possible, but it is not possible to use telbivudine.
9. According to the main text, we modified the HBc-ab positive and HBs-ag negative / HBs ag positive schema.

**Reviewer 2.**

1. We revised the abbreviations in Fig. 1 according to your suggestions.
2. Our paper was rewritten by a native English speaker.

This manuscript has not been nor will it be published either in part or in whole in any other journal. Thank you for your consideration of it.

Sincerely,

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