**Reviewer's report**

**Title:** Sustained serological and complete responses in HBeAg-Positive Patients treated with Peginterferon alfa-2b: a 6-Year Long-Term Follow-Up of a Multicenter, Randomized, Controlled Trial in China

**Version:** 1  **Date:** 03 Mar 2018

**Reviewer:** Michael Gschwantler

**Reviewer's report:**

At present only a limited number of studies assessing the long-term outcome of treatment of chronic hepatitis B with peginterferon have been published and their results have been conflicting. Therefore the authors have to be congratulated for presenting their data from a large Chinese cohort. In general, the paper is well written.

As presented in Table 2, the rates of sustainability of serological response and combined response were not significantly different between the three treatment regimens, although the rates were numerically higher in the 48-week treatment group. Therefore, the final sentence of the paper, stating "Patients treated with 1,5 mikrogram/kg/wk for 48 weeks had significantly higher rates of sustained SR and CR" is not correct or could be misunderstood. It would be correct to state that "The six year cumulative response rate was significantly higher in the 48-week treatment group as compared to the two other treatment groups".

It is difficult to interpret the six-year cumulative response rates. For example the six-year cumulative combined response rate was 70% in the 48-week treatment group (see table 2). However, 47.7% of patients in this group had received additional antiviral treatment during long-term follow-up (see Table 1). Therefore the 70% six-year cumulative combined response rate is not only an effect of the original peginterferon-therapy but also of the additional antiviral treatment during long-term follow-up. I would like to know, how many patients, who had NOT achieved serological or combined response at the end of the original study, had achieved these endpoints WITHOUT further antiviral therapy at the end of long-term follow-up. (It has been reported that response rates increase even after six months after end of interferon treatment).

In Table 1 the rates of HBe seroconversion are given for the time points EOT and EOS, but not for the time point end of long-term follow-up.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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