Point-by-point response to the reviewers' comments

We thank the Reviewers and the Editor for their time and efforts in considering our manuscript for publications on *World Journal of Gastroenterology*. The manuscript has been amended according to the requests.

The changes made in the text are underlined.

Reviewer 1

Dear sir, thanks for opportunity to review a paper AN ATTEMPT TO CALCULATE THE PREVALENCE AND FEATURES OF CHRONIC HEPATITIS C INFECTION IN TUSCANY USING ADMINISTRATIVE DATA. Authors used an unique statistical method to calculate, how many patients chronically infected by HCV, who urgently need urgently DAA therapy. These data could be benefitial for medical stakeholders to plan the budget for urgent HCV therapy. Paper is well written, only minor revisions are needed.

1) Introduction - epidemiology must be clearly written, please add data from 2 large studies: Bruggmann P et al. J Viral Hepat. 2014; Suppl 1:5-33 and Saraswat V et al. J Viral Hepat. 2015; Suppl 1:6-25. Add also prevalence of HCV in Tuscany (both antiHCV and HCV RNA)
As suggested, we have added these two large studies in the introduction section

2) Authors wrote, that minimum of HCV tests could be falsely positive. It is correct only if 3rd generation of anti HCV tests is used. Which tests are used in Tuscany for the HCV screening?
In Tuscany for the screening was largely used the 3rd generation of anti HCV tests.

3) Not only F3-4 patients could have priority for DAA treatment. Please add recommendation for prioritization using EASL Recommendations on Treatment of Hepatitis C 2015, J Hepatol 2015; 63:199-236.
We have added the EASL Reccomandations

4) liver stiffness more than 10 kPa, not stiffness more than 10.
We have corrected this

5) Discussion should be improved. Please discuss treatment strategy not only for F3-4 patient, but also for F2 (or even F1) patient in the future. Successfull strategy of HCV treatment could lead to eeradication of HCV in the future. Compare Italian strategy with paper Wedemeyer H et al. J Viral Hepat. 2014; Suppl 1:60-89 and Gane E et al. J Viral Hepat. 2015; Suppl 1:46-73.
We have added these two articles

6) Please use standard abbreviations: PEGIFN, not PegInt, RBV, non Rib...
We have corrected this

7) Text need grammar correction (pegylated, not pegilated, genotype, not genotipe)...
Paper could be published after incorporation of minor changes
We have corrected this

Reviewer #2:

1. It is an interesting method to calculate the prevalence of chronic HCV infection in a certain area. The purpose of the study is to calculate the prevalence and features of HCV infection, while, the prevalence and features were not stated in the part of conclusion in the Abstract.
We have added the prevalence in the conclusion section of the abstract

2. Capture-recapture analysis method should be explained in more detail, including whether there is omissions or drawbacks using this method.
We have implemented this section

3. Detection method of anti-HCV antibody and HCV RNA should be indicated.
We have specified this

4. Stiffness should be indicated as liver stiffness.
We have corrected this

Reviewer #3:

Authors have used administrative data to calculate HCV chronic infection prevalence in Tuscany population. Methodology for their calculations is appropriate. They have also supported their preliminary bases of the study and their results in current bibliography. The study is of interest and the results are accurate to be published in World Journal of Gastroenterology. However, authors should consider these recommendations to improve the quality of their manuscript:

1) The aim of this work is to calculate the prevalence of HCV chronic infection in Tuscany. However in the abstract authors have not included the new data of 1% obtained from their study.
We have added the prevalence in the abstract

2) In the introduction this sentence: "The WHO estimates that 15 million people are currently infected with HCV in European countries [4]", could fit better before this other "Ansaldi et al. [3] observed a slightly different seroprevalence in Italy".
We have changed this

3) In some sections authors have used "Peginterferon + Ribavirin" and in others "Peginterferon plus Ribavirin"
We have corrected this

4) In page number 8, authors have missed "kPa" after "stiffness >10" in "Calculation of patients eligible to treatment" section
We have added "kPa"

5) In page number 9 to reduce the spaces in "Metavir ≥ F3" to write "Metavir≥F3".
We have corrected this

6)Definition of the abbreviation "direct antiviral drugs (DAAs)" should be introduced in Introduction or even in Abstract Section rather than in Methodology section "Calculation of patients eligible for treatment". Moreover in page 9 authors should use the abbreviation at line 6 of Discussion Section.
We have corrected this

7) In whole manuscript authors have used this format in the numbers "14,526 people, 9,524 patients…"However in Tables 1 and 3. They distinguished between decimals and thousands using "," and "." respectively. In Tables 4 and 5 there is a mixed format. This could be confused and should be corrected and regular in all the paper.
We have corrected this

8) Table 3 has a different format than other tables.
We have modified the format of the table