

Dear Editor in chief
World Journal of Hepatology

We thank you and the reviewers for the fair and thoughtful review. We are pleased to re-submit a new version of the manuscript which includes the suggestions of the reviewers

We have made all changes in the text according to the suggestions of reviewers. We believe that our paper has been significantly improved after these changes and it represents the currently largest cohort of patients with decompensated cirrhosis on this topic.

We hope our revised manuscript will be acceptable for publication.

Yours sincerely

Evangelos Cholongitas

Reviewer 1

In my opinion, the authors detailed almost most of the studies present in the literature. My only concern is the lack of a table for the new generation drugs vs. old generation drugs. Moreover, this study is aimed to review the adult literature, but children, adolescents and youth are HCV infected as well. A paragraph dealing for this epidemiologic group would be important.

We think that a table with new generation drugs vs. old generation drugs will not add any clinically useful information. However, we have added a paragraph regarding the important group of children and adolescents (page 21). Thank you.

Reviewer 2

Would suggest that the authors include some mention of the recent EASL 2015 guidelines for the management and treatment of HCV chronic/acute. Perhaps a discussion on the differences between the current AASLD and EASL guidelines would give a slightly more global perspective to the review

We have emphasized now the differences between the current AASLD and EASL 2016 guidelines (revised Table 4). Thank you

Reviewer 3

Your review article presenting recent data on management of HCV infected patients with renal dysfunction or kidney transplantation is interesting, however some minor remarks warrants your response:

1-Language revision is required for your manuscript. We have corrected the typo and grammatical errors. Thank you.

2-Table 2 presents real life treatment of Patients with renal dysfunction with non-approved lines of management, that may expand our use for non-approved DAAs in this sub-population of HCV patients. However, the data lacks the real dosage used in each study and the correlation between each dose and development of adverse events in each individual study. It is advised to present these data at the table.

We have added the doses of sofosbuvir whenever were available. However, no definite conclusions could be drawn since, a) only in 6 of 9 studies, dose of sofosbuvir was provided and b) for example serious adverse events were observed in 2/10 patients (Ref 32) with sofosbuvir given at 200mg/day, while only 1 of 29 patients (Ref 33), sofosbuvir (given at 400mg/day) was stopped.

3-The numerical sequence of citation for the listed studies at both tables 2&3 needs revision.

We have changed the numerical sequence of citation in Tables 2 and 3.

4-At table 3,also, the dosage of drugs used at each study have to be presented in relation to each individual adverse events.

We have added the dose of sofosbuvir and ribavirin whenever were available. However, no definite conclusions could be drawn since, a) in only 4 of 10 studies dose of sofosbuvir was provided and b) for example, in 2 studies (Ref 42, 43) no serious were observed with sofosbuvir given in full dose (400mg/day).

Reviewer 4

Treatment of patients with chronic kidney disease (CKD) and chronic hepatitis C (CHC) differs from that used in the general CHC population mostly when GFR is below 30 ml/min, as sofosbuvir, the backbone of several current regimens, is officially contraindicated. This review summarizes recent data on the current management of CHC, discusses the impact of new DAAs on renal function and interferon-free treatments in CHC patients with CKD and kidney transplant recipients with CHC, highlights the strengths and weaknesses of treatment regimens, and determines the usefulness of these regimens in clinical practice. This is a comprehensive review on the treatment of direct-acting antivirals and peginterferon in CKD patients and kidney transplant recipients. The manuscript was well prepared. This review

can provide useful information for the clinicians to manage the CHC in CKD patients and kidney transplant recipients.

Thank you.

Reviewer 5

The manuscript "Interferon-free regimens in patients with hepatitis C infection and renal dysfunction or kidney transplantation" is suitable for publication after reviewing the language and grammar. This is a good manuscript. The structure is very good and concise, with some small exceptions (sometimes sentences too long). The references are appropriate, relevant, and updated.

Thank you for your comments. We have improved the language of the text.