

Lugano, July 11th 2017

Dear Editor,

We thank you and the reviewers for your comments on our work, which have contributed to improve it significantly.

We provide below our detailed answers.

1. The reference style has been changed according to the Journal's guidelines.
2. Reviewer Watanabe: please clarify what you mean with "Time in money".
3. A methodology section and a Figure have been added to illustrate the methodology of the literature search and article selection.
4. The article has been shortened according to reviewers' requests (from 6836 to 6488 words), despite the insertion of a Methodology section. However, we believe that the discussion on the early trials on which current guidelines are based is one of the strength of our paper and should be maintained. In addition, as now clearly stated in the article, we believe that it is of fundamental importance to discuss both adults and children/adolescents, since children/adolescents have more aggressive disease and need a different management. The disease is a continuum between paediatrics and adulthood, and not infrequently, adult hepatologists are asked to look after older children or adolescents, who do require a different therapeutic approach from adult patients. Clinicians are often unaware of this difference, and this review may contribute to improve the management of children/adolescents affected by AIH. In the section on the use of azathioprine and prednisone, the approach to adults and children has been more clearly separated.
5. The conclusion paragraph has been reworded according to the reviewer's recommendations.
6. We confirm the initial azathioprine dose of 0.5 mg/kg/day in children. This is in line with the Reference cited by the reviewer (Ref # 12 in the revised version of the manuscript).
7. The missing word at the bottom of Section 3.2 (revised version) has been added.
8. Acne has been added to the mentioned steroid side-effects, and pancreatitis was already mentioned in the list of the azathioprine side-effects.
9. It is now more directly stated that budesonide in children was significantly inferior to standard treatment in achieving disease remission.
10. A statement linking cyclosporine side-effects to higher dosages has been added.

11. The English language has been revised. An English language certificate has not been provided, since Professor Diego Vergani and Professor Giorgina Mieli-Vergani have been living in the UK for the past 41 years, and have been teaching at London University over this period of time.

With kind regards from all authors

Benedetta Terziroli Beretta-Piccoli