Ya-Juan Ma
Science Editor, Editorial Office
Baishideng Publishing Group Inc

February 9th, 2018

Dear Ya-Juan Ma,

We are pleased to resubmit the below manuscript which has been updated and edited per the suggestions of the reviewers and editors. Please find individual responses to each point summarized in the table below. We hope that our changes are acceptable and that the manuscript will now be considered suitable for publication.

Please do not hesitate to contact me should you require any further assistance.

I look forward to hearing from you.

Yours sincerely,

Daniel Deng
Virology Clinical Research
Bristol-Myers Squibb
Shanghai, China

Title: Daclatasvir plus asunaprevir in treatment-naïve patients with HCV genotype 1b infection

Authors: Lai Wei, Fu-Sheng Wang, Mingxiang Zhang, Ji Dong Jia, Alexey A Yakovlev, Wen Xie, Eduard Burnevich, Junqi Niu, Yong Jin Jung, Xiangjun Jiang, Min Xu, Xinyue Chen, Qing Xie, Jun Li, Jinlin Hou, Hong Tang, Xiaoguang Dou, Yash Gandhi, Wenhua Hu, Fiona McPhee, Stephanie Noviello, Michelle Treitel, Ling Mo, and Jun Deng

Journal: *World Journal of Gastroenterology*

Manuscript No: 36551

Reviewer 1		**Response**
1.1	The authors compared the results of DUAL treatment to IFN. However, SOF + LDV and 3D are widely used in the treatment of genotype 1b. What are the advantages of DUAL treatment to these treatments?	DUAL was the first all-oral, non-ribavirin-containing combination to gain approval for the treatment of HCV genotype 1b infection in many Asian countries; thus, a key advantage for patients is access to a more efficacious and tolerable therapy. Furthermore, DUAL is expected to be a cost-effective treatment alternative in China, and a cost-saving treatment option for HCV genotype 1b compared with sofosbuvir/ledipasvir in Japan. We have included these points in the conclusion section as follows: "For patients in China, where IFN-based combinations are still considered the standard of care for HCV infection, DUAL was the first all-oral, non-ribavirin-containing combination to gain approval, providing patients with access to a more efficacious and tolerable alternative for the treatment of HCV genotype 1b infection, with an easier route of administration and shorter treatment duration. DUAL is also predicted to be a cost-effective treatment alternative for HCV genotype 1b in China [31]. In addition, in countries such as Japan, where all-oral regimens are considered the standard of care for the treatment of HCV genotype 1b infection, DUAL is expected to be cost-saving compared with sofosbuvir/ledipasvir, with similar health outcomes [32]."

Reviewer 2		**Response**
2.1	Page 1, line 14. I. M. Sechenov is I. M. Sechecov (bold).	'I. M. Sechenov' is part of Dr Burnevich's affiliation (I.M. Sechenov First Moscow State Medical University, Moscow) and as such, should not be bolded in this section
2.2	Page 8, line 5. … and western countries … is … and Western countries…	This has been updated in the revised draft
2.3	Page 25, Table 2. Due to format mistake, sentences are not on the line between AEs (any grade), >5% box and number of cases. As upper respiratory tract infection spends 2 lines, make blank in the line of 'infection'	The formatting has been updated in the revised draft
Editor		**Response**
3.1	Title: The title must be informative, specific, and brief (Title should be no more than 10~12 words/60 bytes).	The title has been amended as requested
3.2	Please add author postcodes	These have been added to the affiliations
3.3	A copy of the full approved grant application form(s), consisting of the information section and body section, should be provided to the BPG in PDF format.	This phase 3 clinical study was sponsored by Bristol-Myers Squibb and therefore funding was provided internally by the company versus via a grant application
3.4	Corresponding author telephone/fax numbers	These have been provided in the appropriate section
3.5	Please provide an audio core tip	This has been uploaded as an MP3 file as part of the resubmission package
3.6	Please add an article highlights section per the guidelines	This has been added as requested
3.7	Please add some references related the title, the number should be no less than 30	Additional references have been added to the manuscript to provide a total of 32 citations. New references have been highlighted in yellow in the tracked document

3.8	Provide editable figures in PowerPoint	These have been submitted as separate PowerPoint files as fully editable figures
3.9	Please add the supplementary tables and figures to the tables and figures of the manuscript in order	The supplementary figures and tables have been incorporated into the main figures and tables in order of reference within the manuscript