

March 12, 2019

Prof. Dennis A Bloomfield and Prof. Sandro Vento
Editorial office
World Journal of Clinical cases

Dear Professor Editor-in-chief,

Thank you very much for your useful comments regarding manuscript #45251. We responded point by point to reviewer's requests in Italics. The corrections were shown in red throughout the text.

Reviewer's code: 03010025

SPECIFIC COMMENTS TO AUTHORS

This paper reports effectiveness of sofosbuvir/ribavirin (SOF/RBV) therapy in patients who experienced failure of ombitasvir/paritaprevir/ritonavir plus ribavirin (OBV/PTV/r+RBV) therapy and had HCV genotype 2. The paper is well written. I have no further comments.

Thank you very much for your favorable comments.

Reviewer's code: 04072104

SPECIFIC COMMENTS TO AUTHORS

This case reports are written well. Host cytokines and the innate immune responses linked to adaptive immune responses play an important role in regulating HCV. Not only viral factors but also host factors associated with mechanism of nonresponse to antivirals should be described.

Thank you very much for useful comments. As you suggested, the pivotal effect of host factors including innate immune responses and adaptive immune responses on viral clearance was described in the text. Please see lines 326-330 on page 14.

Factors possibly affecting SVR 12 should be described including degree of fibrosis (Fib 4 index, APRI score), alpha-fetoprotein, pathological examination by liver biopsy and portosystemic shunts.

In addition, FIB 4 index, APRI, and AFP levels were added in Table 2. Liver biopsy was not performed in both patients. Please see lines 166-167 on Page 8. Portosystemic shunts were not observed in both patients. We added this information in the text. Please see lines 173-174 on Page 8.

In patient 2 with chronic hepatitis C with high viral loads and genotype 2a and RA, reactivation of hepatitis C virus and hepatitis B virus during and after treatment for RA, results of anti-MMP antibody, anti CCP antibody, antinuclear antibody, IgG, complements and C-reactive protein should be showed.

HBsAg, HBcAb, and HBsAb were all negative in both patients. We added this information at lines 175-176 on Page 8. Thus, fortunately, HBV reactivation does not need to be considered after RA treatment in patients 2. Regarding HCV reactivation, serum HCV RNA levels remain negative even after treatment of RA. We added this information at line 282 on Page 13. The results of anti-CCP antibody and anti-nuclear antibody were shown in the original manuscript. Please see lines 354-355 on Page 15. The results of IgG, C-reactive protein, and MMP-3 were added in the revised manuscript. Please see lines 355-356 on Page 15. Unfortunately, the complements were not measured in those days and thus the data was not available.

Special comments from the editor:

1. Please provide the manuscript documents in word version so that we can edit.

We attached the manuscript documents in word version. The file name is “Revised Manuscript #45251 for WJCC R2”.

2. Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

We attached Figures 1 and 2 in PPT.

3. Please check and revise the manuscript according to the CrossCheck report.

According to the CrossCheck report, we revised the manuscript in the section of “Diagnostic procedure” in blue.

4. The password is required to open the informed consent file. Please check and re-upload it.

As we mentioned in the “Answering reviewers of Manuscript #45251”, the password of the signed informed consent is the same as before. The password is “SatoSICF45251WJCKen”.

If you have any requests, please feel free to contact us.

Please send all correspondence to me at the address below:

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Sincerely,

Ken Sato, M.D., Ph.D.