

Dear reviewers

We thank all the four reviewers for the insightful and constructive feedback on our manuscript (51278) titled "Real life efficacy and safety of direct-acting antiviral therapy for treatment of hepatitis C-infected patients with genotypes 1, 2 and 3 in northwest China". We have taken the comments and suggestion into consideration and revised our manuscript accordingly. We also attached our point-by-point response to this letter. We hope that our response and revision have fully addressed the reviewers' concerns and our manuscript is ready for publication.

Thank you again for the positive feedback.

Best regards,

Ying Yang, Dr

REVIEWER #1:

* Authors did not understand the concept of "DDI" well. Authors should describe the definition of "DDI".

Response: We thank the reviewer for the excellent suggestion. "DDIs" is short for drug-drug interactions. It means a change in the action or side effects of a drug caused by another drug. We found two cases of special adverse events. In one case, a patient had had benign prostatic hyperplasia in addition to hepatitis C. After 24 hours of co-administration with tamsulosin hydrochloride, edema occurred in his face and the patient also had bilateral lower extremity edema. The edemas disappeared after he discontinued the tamsulosin hydrochloride. We checked medicine specification of tamsulosin hydrochloride and VEL/SOF but none of them mentioned edema in adverse reactions. So, we believed that his edema was due to DDIs between tamsulosin hydrochloride and DAAs. The other case was interesting changes in the serum lipids when taking DAAs treatments. This was not due to DDIs. We have made changes in our manuscript (line 327-342).

REVIEWER #2:

* Although this study aimed to investigate the efficacy and safety of DAA, 154 (42.1%) patients were cirrhotic. Therefore, are there any data for the degree of chronic hepatic failure such as the Child classification? Thank you.

Response: We thank the reviewer for the comment. A total of 366 patients were include in our study. 154 (42.1%) of them had cirrhosis. Most of the cirrhotic patients (123, 79.9%) had a Child-Pugh score of A, while the rest of them had a Child-Pugh score of B. patients with advanced liver disease (Child-Pugh C) were not included in our study. We have explained this in detail in this article (line 203-207, 279-281).

REVIEWER #3:

* This observational study evaluated efficacy and safety of DAA drugs for treatment of HCV GT1,2,3. A total of 366 patients who were treated with SOF/LDP with/without RBV in GT1, SOF+RIB in GT2, SOF/DCV with/without in GT3 were analyzed. SVR 12 was achieved by 96.6% and tolerable safety. Overall, the methods are described in detail. The results are very interesting and well discussed. And the limit of this study is also stated. I look forward to reading a further study. I have no specific comments.

Response: We thank the reviewer's detailed review. We will continue to study.

REVIEWER #4:

* Weak points: (1) The words in the Figure are too small, please update.

Response: We thank the reviewer for the excellent suggestion. We have made the font in the figure a lot darker and bigger.

(2) Data of the patients with overt LC should be separated from non-cirrhotic patients.

Response: We thank the reviewer for the comment and great suggestion. A total of 366 patients were included in our study. 154 (42.1%) of them had cirrhosis. When separating patients with overt LC from non-cirrhotic patients, we found that patients with cirrhosis were older. They had higher levels of total bilirubin, alanine transaminase, aspartate aminotransferase, alpha-fetoprotein, liver stiffness measurement score, fibrosis 4 score, and AST-to-platelet ratio index. Patients with cirrhosis had lower levels of albumin, hemoglobin, platelets, and HCV RNA compared to patients without cirrhosis. (line 284-292, table 3). There was no significant difference in SVR between different genotypes and liver statuses (line 301-303). We also found that after treatment, the patients' liver stiffness decreased, and patients with cirrhosis decreased even more (line 306-308). Besides, in the correlation analysis between the baseline characteristics and SVR, there were no significant

difference between patients with overt LC and non-cirrhotic patients (line 309-313).

(3) Some minor language polishing should be corrected.

Response: We thank the reviewer's detailed review and correction. Now our manuscript has been edited by professional editors at AiMi (Scientific Editing Experts, United States. AiMi Academic Service, LLC) to ensure that the language is clear and free of errors. This is the non-native speakers of English editing certificate (Figure 1).

Figure 1. Non-native speakers of English editing certificate

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Real life efficacy and safety of direct-acting antiviral therapy for treatment of hepatitis C-infected patients with genotypes 1, 2 and 3 in northwest China

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Date: Nov 06, 2019

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