

Porto Alegre, November 10, 2013.

Please find enclosed the edited manuscript in Word format (file name: 5650-edit-3).

Title: Chronic hepatitis C genotype 1virus – Who should wait for treatment?

Author: Cristiane Valle Tovo, Angelo Alves de Mattos, Paulo Roberto Lerias de Almeida

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5650

Dear Editor of WJG

We thank you very much for the comments from the reviewers. All of them are of great importance and interest to us, and we tried to address them by answering or justifying all questions. The modifications are highlighted in the text in yellow.

We hope we have met the reviewers' expectations in regards to the questions, and also that you appreciate to read the manuscript again.

The manuscript has been improved according to the suggestions of reviewers:

The grammar was revised, and we hope you will appreciate to read the manuscript again. Some confusing paragraphs were modified.

Concerning to treat the cirrhotic previously treated with dual treatment and previous null responders with advanced fibrosis or IL28 non-CC genotype, we agree that these are patients with a low chance of sustained virological response (SVR), as previously discussed in the present paper. Also, as the reviewer suggest, the extensive use of a 4-week lead-in with PEG and RBV to identify patients more likely to achieve an SVR, is discussed in the recent United Kingdom consensus guidelines in HCV-1 cirrhotic prior null responders (already cited in the end of page 12 of present paper) that says: "the decision to

watch and wait for novel therapies or to use a 4-week lead-in with PEG and RBV to identify patients more likely to achieve an SVR should be taken following careful and balanced discussion with the patient”.

Regarding to the opinion of the reviewer to treat all potential (and proper) candidates (including those patients with favourable predictor of SVR, as naive patients with low fibrosis grade, low viral load, etc), although interesting, even highlighted in page 10 (“ In favour of immediate treatment ...”), did not reflect the reality neither of Latin America countries nor in some countries of Europe. For example, in Spain the treatment is offered only to moderate or advanced fibrosis (F3/F4). Therefore, we think these considerations are not relevant in our conclusions, although allow to the readers a reflection when reading the article as a whole.

The recommendation to undergo patients candidate to triple treatment to a liver biopsy was reconsidered, as there are sufficient data in literature to state that a proper use of non-invasive methods to evaluate the fibrosis stage in these patients and was changed in the text.

The reviewers encourage the authors to add cost-effective analyses studies. We agree with this opinion, and we had already cited the study we believed had the better methodological design (**Liu S**, Cipriano LE, Holodniy M, Owens DK, Goldhaber-Fiebert GD. New Protease Inhibitors for the Treatment of Chronic Hepatitis C. A Cost-Effectiveness Analysis. *Ann Intern Med.* 2012;**156**:279-290).

We hope we have met the reviewers’ expectations in regards to the questions, and congratulate the Editor for presenting a high excellence journal.

Sincerely,

The authors