

Re: Manuscript NO 58117

Dear Editors,

Thank you for allowing us the opportunity to revise our manuscript. We are appreciative of the feedback and have made the recommended adjustments. Please see below for a point-by-point response to each individual comment.

Please let me know if there is anything else.

Thank you again.

Sincerely,

Cory Higley DO MPH
MedStar Georgetown University Hospital

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Authors demonstrated the real-world efficacy and safety of SOF/VEL/VOX therapy for post-transplant treatment of HCV in patients who had previously failed sofosbuvir-based DAA therapy . In addition, authors considered Minor changes in tacrolimus dosing maybe needed. I think it is a very interesting and valuable manuscript. As minor revision, If possible, please also describe minor specific adverse effects of SOF/VEL/VOX therapy. (For example, headache, fatigue, diarrhea, and nausea and so on).

Author: A brief additional regarding the minor adverse effects of SOF/VEL/VOX has been made to the outcome and follow-up section.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The study investigated the safety and efficacy of sofosbuvir/velpatasvir/voxilaprevir in post-liver transplant patients with previous DAA failure. The subject is interesting and really to date. However, the methods and discussion needs some modification. Detailed comments below: Methods: Sample size calculation and the power of the study are so important in the study design and in the methods section as you are investigating safety and efficacy of sofosbuvir/velpatasvir/voxilaprevir in post-liver transplant patients with previous DAA failure; so is this sample sufficient or not? It is important question to answer to get a valid conclusion. Otherwise; you can add limited sample size as one of the limitations of the study in discussion. Discussion: You should add the limitations of the study in discussion. With warm regards.

Author: The study design has ben changed from retrospective study to case report/series. As such, calculation of power of the study may no longer apply, however, a discussion of limitations has been added as requested.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: This was a clearly written manuscript. It provides more evidence in support of AASLD's recommendation of SOF/VEL/VOX as the preferred regimen for hepatitis C in DAA experienced patients post-liver transplant. You had done a great job of collecting and presenting the patients' data. But the manuscript was limited by the low number of cases and the single-center study. Maybe you can consider submitting it for case series after modification.

Author: Thank you for the recommendation. We have revised our submission so it is not being considered as a case series.

Science Editor Comments:

(1) Scientific quality: The manuscript describes a case report (The authors agree to change the manuscript type: “Retrospective Study” to “Case report”) of the SOF/VEL/VOX post-transplant. The topic is within the scope of the WJH. (1) Classification: Grade B, Grade B and Grade D.

Author: N/A

(2) Summary of the Peer-Review Report: Authors demonstrated the real-world efficacy and safety of SOF/VEL/VOX therapy for post-transplant treatment of HCV in patients who had previously failed sofosbuvir-based DAA therapy. It is a very interesting and valuable manuscript. Otherwise, you can add limited sample size as one of the limitations of the study in discussion. Discussion: You should add the limitations of the study in discussion. The questions raised by the reviewers should be answered;

Author: Discussion of limitations, namely sample size, has been added as requested.

(3) Format: There are 3 tables. A total of 11 references are cited, including 8 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A, Grade B and Grade B. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. The authors need to provide the informed consent and fill out the CARE checklist form with page numbers. No academic misconduct was found in the Bing search. The highest single-source similarity index in the CrossCheck report showed to be 8%. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

Author: Informed Consent and CARE Checklist have now been added. To reduce single-source similarity, some of the sentences have been restructured.

(4) Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJH. The corresponding author has not published articles in the BPG.

Author: Discussion of limitations, namely sample size, has been added as requested.

(5) Issues raised:

(1) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout

Author: DOI and PMID have been added to all references as requested.

(2) The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces

Author: Citations have been changed to include Arabic numbers, bracketed, and made to be superscripts as requested.

(3) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as $aP < 0.05$, $bP < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, $cP < 0.05$ and

dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01; and

Author: Listed symbols (*, #, †, §, ‡, ¥, @) have been removed from the manuscript as requested.

(4) Please re-write the “Case Presentation” section, and add “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” section to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Author: The format of the manuscript has been changed to now be a case series. The requested sections have been added.

(6) Re-Review: Required.

Author: N/A

(7) Recommendation: Conditionally accepted.

Author: N/A