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PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 66294

Title: Direct-acting antivirals for chronic hepatitis C treatment: The experience of two tertiary university centers in Brazil

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04072104
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Chief Doctor, Doctor, Occupational Physician, Research Scientist
Reviewer's Country/Territory: Japan
Author's Country/Territory: Brazil

Manuscript submission date: 2021-03-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-08 08:23

Reviewer performed review: 2021-04-13 13:47

Review time: 5 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It is an interesting a Review about "Direct-acting antivirals for chronic hepatitis C treatment: the experience of two tertiary university centers in Brasil". My concern is determined in the following points. Sofosbuvir (SOF) plus Peginterferon and Ribavirin (PR) for 12 weeks needs to be considered as a treatment option for patients infected with HCV genotype 3. The currently approved regimen in the United States for the treatment of HCV genotype 3 infection is a 24-week regimen of SOF and weight-based doses of RBV. DAAs control HCV replication by at least two distinct mechanisms: (1) the direct inhibition of viral replication by antagonizing the function of viral proteins, and (2) the restoration of the endogenous IFN system via the robust introduction of ISGs. Therapeutic IFNs may maintain their position upon the emergence of difficult-to-treat HCV that is resistant to DAAs. In patients infected with HCV genotype 1, SOF may be used in combination with PEG-IFN/RBV, RBV alone, ledipasvir (LDV), or LDV and RBV. The combination of elbasvir and grazoprevir, with or without RBV, was highly efficacious in inducing an SVR12 in patients with HCV genotype 1, 4, or 6 infection. The retreatment of patients, who previously did not respond to DAAs therapies, with SOF-velpatasvir or/and plus RBV for 24 weeks was tolerated well and effective, particularly among those infected with HCV genotype 1 or 2. The combination of Glecavir and Pibrentasvir was highly efficacious and well tolerated in patients with HCV genotype 1 and genotype 2 infection, and prior failure of DAA-containing therapy. Treatments with drug combinations are sufficient to ultimately control the emergence of resistance-associated substitutions (RAS) in HCV. IFNs may play a role in the treatment of patients with DAA resistance and enhance the success of retreatment with DAA. A high rate of

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patients with genotype 3 HCV infection and compensated cirrhosis achieved an SVR with SOF and Velpatasvir without RBV. SOF/VEL therapy was effective and safe for patients with decompensated cirrhosis. Above mentioned should be referred to.

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03664167
Position: Peer Reviewer
Academic degree: MD
Professional title: Assistant Professor
Reviewer's Country/Territory: Iran
Author's Country/Territory: Brazil

Manuscript submission date: 2021-03-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-12 14:37

Reviewer performed review: 2021-04-24 18:29

Review time: 12 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I find the study interesting and with an adequate number of patients.