

Name of journal: World Journal of Virology
ESPS manuscript NO: 24139
Title: 20 Years of HIV Care at the Mayo Clinic – Past, Present and Future
Response to Reviewers Comments

Dear Fang-Fang Ji,

Thank you for the opportunity to revise and resubmit our manuscript referenced above for publication in World Journal of Virology. We appreciate the reviewers' insightful comments, and have addressed them in the revised manuscript. Details of our responses and changes made are below. We hope that our manuscript will now be found suitable for publication.

Reviewer #00731613 commented:

1) In the event of multidisciplinary interaction with a HIV positive patient, how is patient confidentiality maintained since many individuals have access to the patient data?

Response – We appreciate the reviewer's question. Privacy and confidentiality is indeed a very important part of the care provided by our clinic. While a limited number of individuals have access to patient data, multidisciplinary interactions occur in a private work room in the clinic separate from the examination rooms. We have detailed this in the revised manuscript.

2) The authors are requested to elaborate on the investigation protocol at the first visit as well as the follow-up visits.

Response – We appreciated the reviewer's suggestion. In general, the Mayo HIV Clinic follows US national HIV treatment guidelines (<https://aidsinfo.nih.gov/guidelines>). This has been detailed in the revised manuscript.

3) It would be useful to elaborate on the differences between the protocol followed at the Mayo clinic and elsewhere.

Response – We appreciate the reviewer's suggestion, but feel this is beyond the scope of this minireview. It is the intent of this manuscript merely to describe the Mayo Clinic model of HIV care; contrasting this to the many other models of care in various settings around the world would be of great interest to pursue in future studies.

Reviewer #00506495 commented:

1. This is an international journal. Most readers are not familiar with the USA state abbreviations. Please specify the meaning of MN and all other state abbreviations.

Response – We appreciate the reviewer's comment and apologize for that omission. We have spelled out states' names in the revised manuscript, and only abbreviate Minnesota (MN).

2. The expression "Women of color", while I assume what it means, may not be clear to many readers – please rephrase.

Response – We apologize for the confusion. "Women of color" is a preferred term for non-Caucasians; we have clarified this in the revised manuscript.

3. Page 4, third paragraph: no need to again specify "people living with HIV (PLHIV)".

Response – We appreciate the reviewer's suggestion and apologize for the oversight. We have corrected this in the revised manuscript.

4. Page 5, fifth paragraph – what about the development of resistant strains to antiretrovirals – was that not a significant complexity worth mentioning/discussing?

Response – We appreciate the reviewer’s suggestion and apologize for the omission. We have acknowledged the complexity of antiviral resistance as suggested in the revised manuscript.

5. Page 6, last paragraph – detail cART.

Response – We have detailed the meaning of cART in this setting in the revised manuscript.

6. Bottom of page 7 – the definition “poverty level” needs to be clarified. Is this a state based definition? What happens with those who are not less than 300% of the “poverty level”? Private insurance? Please expand.

Response – We appreciate the reviewer’s question. All patients can receive social work services based on individual needs, and this is not billed to insurance. We have clarified this in the revised manuscript.

7. Page 8, second paragraph – what does “340B contract pharmacy” mean?

Response – We appreciate the reviewer’s question. In the revised manuscript we have removed reference to the 340B contract pharmacy, as this entity is not relevant to the international audience of this Journal.

8. Page 10, 2nd paragraph - Define enzyme-linked immunosorbent assay (EIA).

Response – We appreciate the reviewer’s suggestion and have incorporated this into the revised manuscript.

9. Page 10, bottom of 2nd paragraph – what are the national levels that were far surpassed? Please add and give relevant reference. This is key to strengthen the claim of this manuscript; i.e. that the Mayo Clinic multidisciplinary approach and care cascade have such an “effect”.

Response – we appreciate the reviewer’s suggestion and apologize for the omission. The levels that were far surpassed were US national levels referenced in the preceding paragraph. This is clarified in the revised manuscript.

10. Conclusion – I think the main conclusion is that a multidisciplinary approach as that executed in the Mayo Clinic should be implemented by others to increase the rate of successful treatment and care – this is not clearly stated in the conclusion section, but rather a “self-applause statement” is given, referring to unrelated issues, such as “participating in groundbreaking research”. Please revise.

Response – We appreciate the reviewer’s suggestions and have revised the conclusion as suggested in the revised manuscript.

Reviewer #00202286

The article is well written and interesting.

Response – We appreciate the reviewer’s compliment.

The authors should avoid repeating the full word when the abbreviation has been previously given (i.e., PLHIV).

Response – We appreciate the comment and have corrected this as noted above.

In conclusion, we again express our appreciation for the opportunity to publish our manuscript in your journal.

On behalf of the co-authors,

Nathan W. Cummins, MD