Dear Lian-Sheng Ma,

Subject: Submission of revised paper Manuscript NO. 62252

Thank you for your email dated 23 January 2021 enclosing the reviewers' comments. I have carefully reviewed the comments and have revised the manuscript accordingly. My responses are given in a point-by-point manner below. Changes to the manuscript are shown below. I hope the revised version is now suitable for publication.

Sincerely,

Dorota Zarębska-Michaluk

Jan Kochanowski University, Kielce, Poland.

Response to Reviewer #1

1. The core tip section was rewritten according to suggestion, summarizing and rephrasing the sentences were performed.

"**Core tip**: Genotype 3 which is second in frequency worldwide, is unique among genotypes of hepatitis C virus in its higher rate of steatosis, accelerated fibrosis progression, and lower cure rates. This paper describes the genotype-specific mechanisms of liver injury and provides an overview of therapeutic options. Currently available highly potent pangenotypic regimens have revolutionized the treatment of genotype 3 infection, however, patients with liver cirrhosis and those who fail to response to direct-acting antiviral therapy still present a therapeutic challenge."

2. The words "good one", "bad one" or "naughty one" in the text of the manuscript were replaced or removed. The change of words "good" and "bad" in the title of the section was considered but finally the title fits to the idea of the article.

"Good or bad in the HCV family

For many years, GT3 was considered to be a less pathogenic compared to other genotypes in the HCV family due to its favorable response to an IFN-based regimen. However, the growing evidence of a higher rate of steatosis and more rapid progression of liver fibrosis compared to infection with other HCV genotypes has changed this conviction."

3. Suggested language correction has been made.

"there is a still room for improvement" → "there is still room for improvement"

4. Abbreviations CHC and SoC were spelled out.

“The addition of SOF to pegIFNα and RBV (SPR) leads to better outcomes when compared to standard of care therapy, regardless of liver fibrosis and history of previous antiviral therapy.”

“The strong association between GT3 infection and end-stage liver disease was documented in HCV-infected drug abusers in France and confirmed by a population-based study in a cohort of native Alaskans with chronic hepatitis C[30,31].”

Response to Reviewer #2

Thank you very much.

Response to Science Editor

Thank you very much for the conditional acceptance of the manuscript. Concerning the comments:

1. Signed Conflict-of-Interest Disclosure Form and Copyright License Agreement were downloaded.
2. References were checked, one item was removed (No. 64 – duplicated), the numbering has been adjusted. All references are relevant to this topic.