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PEER-REVIEW REPORT

| Name of journal: World Journal of Gastrointestinal Pharmacology and Th | ierapeutics |
|--|-------------|
|--|-------------|

Manuscript NO: 74623

Title: Hepatitis C virus treatment with glecaprevir and pibrentasvir in patients

co-prescribed carbamazepine: Three case reports

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00006518 Position: Editorial Board

Academic degree: MD, MHSc, PhD

Professional title: Associate Professor, Chief Doctor, Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Australia

Manuscript submission date: 2023-04-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-03 00:19

Reviewer performed review: 2023-04-06 06:32

Review time: 3 Days and 6 Hours

| | [] Grade A: Excellent [] Grade B: Very good [] Grade C: |
|-----------------------------|---|
| Scientific quality | Good |
| | [Y] Grade D: Fair [] Grade E: Do not publish |
| Novelty of this manuscript | [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty |
| Creativity or innovation of | [] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair |
| this manuscript | [] Grade D: No creativity or innovation |



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| Scientific significance of the conclusion in this manuscript | [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance |
|--|--|
| Language quality | [] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection |
| Conclusion | [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection |
| Re-review | []Yes [Y]No |
| Peer-reviewer statements | Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No |

SPECIFIC COMMENTS TO AUTHORS

The authors treated three non-cirrhotic, antiviral treatment-naïve genotype 1a, 1b, and 3a chronic hepatitis C (CHC) patients with seizure disorders using glecaprevir-pibrentasvir 12 weeks with a dose-separated strategy from carbamazepine and achieved sustained virologic response 12 weeks after cessation of treatment (SVR12). They concluded that glecaprevir-pibrentasvir 12-week course was able to overcome reduced DAA plasma concentrations resulting from carbamazepine-related CYP 3A4 and P-gp induction. This manuscript is interesting and the information was not common in the literature; however, the language required further polish before considering for publication in its current edition.



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Reviewer's code: 03022180 **Position:** Editorial Board

Academic degree: FAASLD, MD, PhD

Professional title: Associate Professor, Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Australia

Manuscript submission date: 2023-04-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-02 18:58

Reviewer performed review: 2023-04-20 05:46

Review time: 17 Days and 10 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 | [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection |
| Re-review | []Yes [Y]No |



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

SPECIFIC COMMENTS TO AUTHORS

This case report may be helpful to daily prescribers of DAA to HCV- infected patients. Although it is already known that GP has only a potential interaction with carbamazepine the results regarding safety, in this case, a report deserves to be described.