

## Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word

**Title:** Mucocele of the appendix: Use of eltrombopag in thrombocytopenia of liver disease

**Author:** Vishal Sharma

**Name of Journal:** *World Journal of Pharmacology*

**ESPS Manuscript NO:** 11336

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

DONE

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer No: 02944873

No changes needed

(2) Reviewer No 02953378

I enjoyed reading your manuscript, whatever it is not delicious scientifically : 1-There are many punctuations mistakes, in addition, commonly in most papers world wide Full-stop comes at the end, after reference e.g: liver cirrhosis [22]. why are you different .[22] ?

WE HAVE FORMATTED CHANGES

2-For a glance the reader will ask about different trade market names of eltrombopag, and also its related cost accordingly . Do you think that is valuable to mention ? WE BELIEVE THERE IS NO NEED FOR A SCHOLARLY ARTICLE TO GO INTO BRAND NAMES AND PRICES AS THE AVAILABILITY AND COSTS WILL BE VARIABLE GLOBALLY. WE HAVE MENTIONED THE BRAND NAMES IN THE MANUSCRIPT

3- In introduction section, the statement (In fact a ratio of platelet to spleen size may help predict the presence of esophageal varices in patients with liver disease.[12], could not approve the recent medical knowledge, I advise you to revise recent UpToDate May 2014, (Noninvasive methods to predict varices have been studied, though currently none can replace endoscopic screening. The ratio of the platelet count to the spleen size (expressed as a standard deviation score) and clinical prediction rules that include platelet count, spleen size, and albumin have been shown to predict varices in children [13]. In addition, a study using transabdominal ultrasound of the lower esophagus in patients with chronic liver disease found that patients with varices had a higher mean esophageal wall thickness than patients who did not have varices (7.3 to 8.7 mm versus 3.7 mm) [14]; Primary and pre-primary prophylaxis against variceal hemorrhage in patients with cirrhosis, UpToDate 2014.

THE STATEMENT IS VERY CLEAR "may predict". IT IS NOT OUR WISH TO SAY THAT THE SAID RATIO "will definitely predict".

4-Gilead(American Company of SOFOSBUVIR) recommended use of triple therapy(Sovaldi+Peg.Interferon+Ribavirin) for HCV G4, that information could be very helpful in your manuscript due expected side effects of Interferon-Ribavirin Therapy.

IT IS DISCUSSED IN THE ARTICLE THAT NEWER ORAL ANTIVIRAL MAY OBIATE THE

## NEED FOR ELTROMBOPAG

5-Recurrence of HCV especially of G1 and G4 is a problematic dilemma in the field of Liver Transplantation, Why did not you get us more information regarding ???

I AM NOT SURE HOW THIS FACTUAL INFORMATION IS RELATED TO THE PRESENT ARTICLE

I am sorry for long comments, whatever I enjoy delicious food not ordinary meals ! Just some salt for your Good Cook ! Thank You

(2) Reviewer No 00005258

Second generation thrombopoietin agonists act on the thrombopoietin receptor to increase the megakaryocyte production. Eltrombopag is an oral thrombopoietin agonist found effective in raising platelet counts in patients with autoimmune thrombocytopenia. The drug has now been found to be useful in raising platelet counts in thrombocytopenia related to liver diseases including cirrhosis and chronic viral hepatitis. In this manuscript, the author discussed the role of eltrombopag in the management of liver disease-related thrombocytopenia. Although this manuscript reviewed the mechanism of thrombocytopenia in liver diseases, thrombopoietin agonists, and eltrombopag in HCV therapy, there are only a few of data related to the clinical use of eltrombopag in the management of liver diseases. In addition, the role of eltrombopag in the era of all-oral regimens for the treatment of chronic HCV infection is still unknown. Thus, it is too early to compose a review to elucidate the role of eltrombopag in the management of liver disease-related thrombocytopenia.

INDEED RECENT CHANGES IN HCV THERAPY SEEMS TO HAVE REDUCED THE NEED FOR INTERFERON BASED THERAPY. HOWEVER, INTERFERON BASED THERAPIES ARE IN VOGUE IN MANY COUNTRIES WHERE DIRECT ANTIVIRALS HAVE NOT COME AVAILABLE. ALSO, THE REVIEW DISCUSSES THE USE OF ELTROMBOPAG IN OTHER CLINICAL SITUATIONS LIKE CIRRHOSIS RELATED THROMBOCYTOPENIA.

4) Reviewer NO 00068864

No commenets

NO CHANGES NEEDED

3 References and typesetting were corrected

DONE

Thank you again for publishing our manuscript in the *World Journal of Pharmacology*.

Sincerely yours,



Vishal Sharma

Senior Research Associate

Department of Gastroenterology, PGIMER, India