

## Format for ANSWERING REVIEWERS

April 20, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 17740-review.doc).

**Title:** Severe immune thrombocytopenia after Peg-Interferon-alpha2a, Ribavirin and Telaprevir treatment completion: a case report and systematic review of literature.

**Author:** Rosario Arena, Paolo Cecinato, Andrea Lisotti, Federica Buonfiglioli, Claudio Calvanese, Giuseppe Grande, Marco Montagnani, Francesco Azzaroli and Giuseppe Mazzella

**Name of Journal:** *World Journal of Hepatology*

**ESPS Manuscript NO:** 17740

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

1 Format has been updated according to editor's notes..

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

**Reviewer #1:**

*Rev\_1:* The Title describes the contents of the paper. The Abstract is informative and completely self-explanatory, briefly present the topic, state the scope of the experiments, indicate significant data, and point out major findings and conclusions. The purpose or purported significance of the article is explicitly stated. The research study methods are complete enough to allow experiments to be reproduced. All Figure and table are necessary and appropriate. The Results are presented with clarity and precision. The Discussion interprets the findings in view of the results obtained in this and in past studies on this topic.

*Re:* We thanks Reviewer #1 for its comments and criticisms; according to its positive comments, we made no manuscript change.

**Reviewer #2:**

*Rev\_2:* Major points: This is a case report of AITP following peg-IFN treatment withdrawal. The authors comment that AITP occurs during peg-IFN treatment and rarely even after completion of peg-IFN treatment. Most debatable issue in this manuscript is if mechanisms of AITP occurring after completion of treatment differs from AITP occurring during treatment. If not, the basis for reporting this case as a special does not make sense. The authors claim that peg-IFN-induced autoimmune diseases may appear even after treatment withdrawal, because of long-half-life of peg-IFN. However, AITP occurred at 24 weeks after withdrawal in another case in the Table, in which this long withdrawal duration does not fit their hypothesis. Based on the data in Table 1, AITP occurs at 1 week to 144 weeks of treatment, widely distributed. It is desirable if the authors cite and discuss the mechanisms in other drug-autoimmune phenomenon occurring after completion of treatment, not in the HCV-IFN situation.

*Re:* We thanks the reviewer for this criticism that allow us to make the interpretation of our case more clear and XXX. Interferon treatment can induce or exacerbate immune-mediated complications (IMC):

*Rev\_2:* Minor points: (1) Abstract new DDAs? (2) Introduction, what's DDAs? (3)

Re: DAAs stands for Direct Antiviral Agents: we changed the acronym in the abstract and clarify it in the text.

Rev\_2: In Discussion, drug-induced AIT (why here AIT, not AITP)?

Re: We corrected the refuse.

**Reviewer #3:**

Rev\_3: Authors report a rare case of AITP in a very particular population. Although the results might be representative of just a low portion of the general population, it still interesting to get it published. To associate a hematological disorder to a patient under a particular medication is relatively straight forward, but being able to associate these symptoms after a period of time upon medication was provided is much more difficult and for this reason I consider this manuscript should be published. It might help and warn to professionals in similar situation that are not able to localize the focus of the hematological alterations. The manuscript is well written and it is completed with an appropriate review of the literature, thus I encourage the publication of this manuscript in its present form.

Re: We thanks Reviewer #3 for its comments and criticisms; according to its positive comments, we made no manuscript change.

Rev\_3: Minor points. -Please verify IUPAC nomenclature in order to present the abbreviation of the magnitudes, such as microL, or l instead of L, mmc instead of mm3 or cc. - Please check whether immunoglobulin IV is well written. -In "comments" section, please verify the sentence under the "Treatment" heading. -Please verify the reference section. Some references are not well written and the format should be uniform throughout the section.

Re: We thank the reviewer for the precise considerations; we made text changes accordingly.

**Reviewer #4:**

Rev\_4: There are several issues in this case report: 1. How the author confirmed that the autoimmune condition not a concomitant or might be due to HCV infection? It should be discussed more clearly.

Re:

Rev\_4: 2. Please mentioned with numeric when mention about lab result (how much was decreased of HCV RNA?)

Re: Baseline HCV-RNA was 256.665 IU/ml; after 2 weeks of triple therapy (PEG-IFN, ribavirin and telaprevir) HCV-RNA became undetectable (-5.4 log UI/ml HCV-RNA in 2 weeks). We clarified it within the text accordingly.

Rev\_4: 3. Beside awareness there is no other new issue about this report.

3 References and typesetting were checked.

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

Sincerely yours,  
Dr. Andrea Lisotti  
University of Bologna, Italy