

19254- Answering reviewers

Comments to authors:

Review for manuscript t# 19254, New Approaches in the Treatment of Hepatitis C

This article provides an overview of the latest developments in antiviral therapy for hepatitis C virus (HCV). The article covers the current standard of care for each genotype, and covers its use among special populations. As well, the article highlights a few DAAs that are currently under investigation that may be approved for use later this year. The article is well organized and the authors did a fine job delineating these key areas to the reader. This article will be of great use to clinicians who wish to remain up to date on HCV antiviral therapeutics.

The article will be further enhanced with the following minor suggestions:

- 1) The introduction is lacking a purpose or objective statement. "The purpose of this article is" or "The objective(s) of this article" The purpose of the article is not clearly stated. This is important because it will inform the reader (up front) of the purpose and utility of the article.

We have now included the aim of the study at the end of the Introduction.

- 2) The last sentence of the 3rd paragraph in the introduction should be revised. It states SVR rates with pegylated interferon and ribavirin were 80% for genotypes 2, 3, 5, and 6. SVR rates were much lower for these patients using pegylated interferon and ribavirin combination regimens. Please make this correction.

This has now been clarified.

- 3) Last sentence of the introduction reads ". . . by the various national organs, in accordance . . ." and should read ". . . by the various national organizations, . . ."

This has been corrected.

- 4) In the section titled, Impact of the New DAA on the Natural History of HCV Disease, a fine job of mentioning how DAAs (or achievement of SVR) impacts the natural history of HCV (i.e. reduction in Child and MELD scores). Provide the likelihood of DAAs hindering progression towards cirrhosis and hepatocellular carcinoma.

This has now been included.

- 5) The conclusion mentions 3 separate topics without a discussion of either (lower incidence of complications and improvements in liver functions; liver transplantation; tolerance of DAAs; therapy has evolved such that most patients are candidates, etc.). Focus on 2 or 3 (at most) final talking points in the conclusion.

We now focus on fewer topics.

- 6) An abstract was not provided for review.

This has now been included in the reviewed manuscript.