ANSWERS TO REVIEWERS

October 15, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format with the tracked version followed by the clean version in the same document (file name: 22243_Edited_tracked_and clean).

Title: Daclatasvir vs Telaprevir Plus Peginterferon Alfa/Ribavirin for HCV Genotype 1

Authors: Jacobson I, Zeuzem S, Flisiak R, Knysz B, Lueth S, Zarebska-Michaluk D, Janczewska E, Ferenci P, Diago M, Zignego A, Safadi R, Baruch Y, Abdurakhmanov D, Shafran S, Thabut D, Bruck R, Gadano A, Thompson A, Kopit J, McPhee F, Michener T, Hughes EA, Yin PD, Noviello S

Name of Journal: *World Journal of Gastroenterology*

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

	Reviewer 1	**Response**
1.1	Results obtained in the two arms of the study (DVR vs TVR) regarding the IL28B rs12979860 host genotype (CC vs non-CC), and cirrhosis status were not included in the Abstract body. It should be important to define these key points.	The results section of the abstract has been updated to include these points.
1.2	The relevance of RAVs should also be included in the Abstract body as short paragraph.	The methods section of the abstract now outlines the relevance of RAVs.

1.3	Three points related to RAVs should also be considered. (a) The limitation to define the RAVs profile by direct sequencing in a given sampling time. It is well known that the "absence" of a given mutation/polymorphism could be related with limitations according to its relative abundance in the viral population. (b) The authors defined the IL28B nonCC relative abundance among those non-responder patients. It would be also useful to know such rate among those with SVR, at least when they detail the frequency of RAVs and rate of therapy response (c) Among the 40 patients in the daclatasvir group who did not achieve SVR12, 32 had evaluable samples at baseline and at the time of failure. In two patients, the same NS5A resistance-associated variants (RAVs) were detected at both baseline and failure. Which were these RAVs? please specify.	(a) The discussion is now updated to acknowledge this point. (b) Results section updated: of daclatasvir plus pegIFN/RBV-treated GT1b-infected patients with baseline NS5A polymorphisms that achieved SVR12, 61.3% (19 patients) had a non-CC *IL28B* genotype. (c) Results section updated: L31M-Y93H in one patient, and L28V-R30Q-L31M-Q62D in a second patient.
	Reviewer 2	**Actions**
2.1	It was nice to see that the authors have given in some detail the RAV profile before and after treatment failure. The only minor point that is missing from the discussion is any mention that these RAVs may persist and that this may influence further treatment options in an IFN free environment. Although it is appreciated that the IL28B cc genotype may be more important in the context of the trial as outlined.	Discussion is now updated with consideration of the persistence of NS5A RAVs.
	Editor	**Actions**
3.1	Necessary for final acceptance: Provide technical appendix, statistical code, and dataset, each in a separate PDF file, signed by the corresponding author or copy of Institution approval document(s)/letter(s) or waiver of confirmation. [Comment relates to Data Sharing Statement]	Documents provided with re-submission.
3.2	Necessary for final acceptance: Request the author to make an audio file describing final core tip.	Audio file provided with re-submission.

3.3	Necessary for final acceptance: "Highlighted Contents" section following Acknowledgments: **Background**: To concisely and accurately summarize the related background of the article and to enable the readers to gain some basic knowledge relevant to the article, thus helping them better understand the significance of the article. **Research frontiers**: To briefly introduce the hotspots or important areas in the research field related to the article **Innovations and breakthroughs**: To summarize and emphasize the differences, particularly the advances, achievements, innovations and breakthroughs, from the other related or similar articles so as to allow the readers to catch up the major points of the article. **Applications**: To summarize the actual application values, the implications for further application and modification, or the perspectives of future application of the article. **Terminology:** To concisely and accurately describe, define or explain the specific, unique terms that are not familiar to majority of the readers, but are essential for the readers to understand the article. **Peer review**: To provide the comments from peer reviewers that most represent the characteristics, values and significance of the article, and allow the readers to have an objective point of view toward the article.	A '"Highlighted Contents" section has been added at the end of the manuscript.
3.4	For references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted. Update reference style to include square brackets.	Files provided with re-submission, and formatting requests have been incorporated.
3.5	Supply decomposable graphs/figures as Excel, Word, or Powerpoint files.	Provided with re-submission.

The references and typesetting were corrected.

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

Sincerely yours,

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