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Reviewer's comment and the authors' responses.

We most appreciate the criticisms brought to our manuscript by the reviewer. Please find below responses to the reviewers queries. The changed made to the manuscripts has in addition been highlighted with red. We believe that our careful responses have improved the manuscript significantly and hope that this is sufficient for acceptance by the Journal.

Query 1

The authors should elaborate in the discussion on specific characteristics of their group of subjects with chronic HCV in relation to the results of previous studies. Was duration of infection likely to be a factor in those studies contributing to the range of values reported or were other factors such as methodology, ethnic background and geographical distribution as suggested more likely to be influential?

Response from the authors: We are most thankful for these comments provided by the reviewer. We have elaborated in the discussion section what factors that can contribute to the range of results reported by us and by other studies (page 7).

Query 2

The authors should also discuss the limitations of approaching the presence of autoantibodies as a categorical as opposed to quantitative variable. How do autoantibody levels compare between chronic HCV and autoimmune hepatitis?

Response from the authors: Both the levels of ANA and LKM-1 tended to be higher in CHC than AIH in our study. This information is now included in the results section page 5. A sentence discussing these findings in relation to findings by others is included in the discussion section page 8.

Query 3

A little more discussion of the proposed common etiology of liver disease in autoimmune hepatitis and chronic HCV as to the mechanism of induction and role of autoantibodies in the pathogenesis of liver disease is also warranted.

Response from the authors: We have included information of common etiology, comparing CHC and AIH and role of Auto-abs in pathogenesis on page 7 and 8 of the discussion section.

Query 4

There are a number of grammatical issues mostly in the first part of the manuscript that I have marked in “track changes” and uploaded.

Response from the authors: We have gone through the manuscript carefully and corrected the grammatical errors identified.

Query 5

Specific comments: Interferon-sparing regimens are, or soon will be standard of care for HCV treatment.

Response from the authors: We have altered a sentence in the introduction section, page 3 conveying this information.

Query 6

A more specific description of the ethical review board that provided approval for the study should be included.

Response from the authors: We have provided more specific information of the ethical review board and in addition included a copy of the ethical board approval document.

Query 7

Was there a statistical difference in the prevalence of autoantibodies between chronic HCV infection and healthy controls?

Response from the authors: There were no significant difference comparing levels of ANA between healthy controls and all the CHC patients. This information has been included in the results section, page 5.

Query 8

Data are mostly represented with means plus or minus standard deviation. Was any testing done to establish the data were normally distributed?

Response from the authors: by analyzing data using the D'Agostino-Pearson test we have confirmed that it is distributed normally. This information is included in the statistics section of the methods section,

Query 9

Under what circumstances would chronic hepatitis C virus infection be misdiagnosed as autoimmune hepatitis or vice versa?

Response from the authors: we have provided this information in the introduction section, page 3 and in the discussion section page 7.

Query 10

The title of Table 5 should be changed to “Comparison of different parameters in CHC with and without autoantibodies”

Response from the authors: We have altered the title according to the reviewers suggestion.