

No comments were found when viewing the manuscript with track-and-change. The response to the peer-reviewers comments, arise solely from the “*Author Track Manuscripts reviewer comments.*”

Peer-Reviewer 13065:

Dr. Neesgaard and Colleagues have presented an interesting systematic review article in which they aimed to summarize current case reports on the association of IP-10 with SVR/RVR in CHC patients under IFN/RBV treatment. As a result of their examination, the authors conclude that there is a correlation between baseline IP-10 and SVR of CHC with HCV-1 and -4 but not HCV-2 and -3. Overall, the review article is well-performed and written and yet concise in its content. The tables are adequate. Actually there is no major criticism with regard to the content and sufficiency of the manuscript. However, as a minor comment, if there is any plausible explanation in terms of the differences between HCV1 and -4 to HCV-2 and -3 and correlation with IP-10, please, add a note in the discussion section. Did the authors exclude HBV CO-infection?

- As this review main focus were to uncover data, which would aid in a clinical setting, we did not design it to uncover the specific mechanisms that could account for the differences in correlation between baseline IP-10 and genotype 1- and -4 vs. genotype 2- and 3. However, we ourselves can appreciate that the reader of the review would speculate, as to why no thoughts have been given to the subject. We therefore have added a small paragraph addressing the subject, and what clinical relevance this difference might have:

“The setup for this study did not allow us to investigate what specific mechanisms account for the differences in correlation between baseline IP-10 and HCV genotype 1 and 4 compared with HCV genotype 2- and 3. However it is of great interest that these differences occur, and should be investigated further. Inversely, patients infected with HCV genotype 2- or -3 generally have a more favorable response to treatment with PEG-IFN and RBV. Therefore, in a clinical setting, the underlying mechanism might not be relevant, as genotype 2- and -3 patients would readily be treated, whereas clinicians might be more reluctant to initiate peg-INF treatment in genotype 1- and 4- infected individuals- and here IP-10 levels might help to show which patients should undergo treatment.”

- In the Method section under the exclusion criteria, the first and second paragraph stated that infection with human immunodeficiency virus (HIV), and infection with hepatitis B virus (HBV) were viewed as exclusion criteria. To clarify, that this alludes to CHC co-infections with HIV and/or HBV, we have changed the wording to “*Co-infection with human immunodeficiency virus (HIV), co-infection with hepatitis B virus (HBV)*”

Peer-Reviewer 51373:

This is a well written and comprehensive systemic review to explore the association between baseline levels of interferon-γ-inducible protein-10 and virological response to treatment with pegylated interferon and ribavirin among patients chronically infected with hepatitis C virus, genotype 1-4. It should be beneficial to all of our readers worldwide. In my own opinion, it should be accepted for publication without alteration.

- As no minor or major criticism or proposal to changes to the manuscript have been put forth from peer-reviewer 51373, nor alterations to the manuscript have been made on this account.

Other changes to the manuscript:

- As stated in the guidelines point 2.7 we have added the heading Supportive foundations to the manuscript
- To provide a better overview, we have added the subtitle *Literature search* in the section MATERIALS and METHOD. No new text has been added to the section
- We have removed all underlining of subheadings as shown in the *Format for Manuscript Revision: Systematic Reviews*
- Headings have been changed to correspond to the *Format for Manuscript Revision: Systematic Reviews*