PEER-REVIEW REPORT

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language	[ ] The same title	[ ] High priority for
[Y] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y] No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[Y] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Liver cirrhosis due to HCV is a major risk factor for the development of HCC. Interferon treatment has many adverse events therefore limits therapeutic indication, especially in patients with cirrhosis. As authors described, the introduction of DAA has dramatically expanded the indication of the therapy in liver cirrhosis and also has increased SVR. Ultimate goal of antiviral therapy in patients with HCV is to hinder development of HCC or falling the state of uncompensated liver failure. It takes long time to confirm the ultimate goal of the therapy, therefore simple and feasible clinical index is necessary to evaluate the effect of therapy. Improvement of MELD may be one of the surrogate evaluation system. Major 1. MELD score consists of PT, T-Bil and creatinine. Indicate these three factors before and after the treatment. 2. Do you think which is more important, improvement of MELD score or virus eradication? 3. When ascertaining risk and benefit of DAA treatment, is MELD score more useful than Child-Pugh score?

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COMMENTS TO AUTHORS
The authors have performed an interesting study and results are worthy. However, several details of statistical analysis should be explained or amended. First, it is not clear which variables are included in the multivariable analysis and this is very important since several variables that seemed to have been included could have collinearity problems (it is clear with MELD and creatinine and bilirubin but it is also possible with Child score and MELD score). Indeed, authors should clearly indicate which variables and according which criteria are included in the multivariable analysis. Although this is controversial, I recommend that the authors present a table with a univariate analysis of the association of variables with MELD score improvement (not only of "clinically relevant" variables that have been selected by the authors to be included in the multivariable model). Although these variables are for sure relevant, we cannot know in advance which specific variables can be more relevant in a given sample.

Authors should also specify if they have checked for confusion or interaction, if they have tested the presence of collinearity and which is the calibration of the model (e.g., Hosmer-Lemeshow goodness of fit test). Authors should also state in the Methods section if they have followed a stepwise or non-stepwise method for performing the multivariable logistic regression analysis.   It could be interesting to analyze differences in SVR and MELD score improvement according to HCV genotype.   Minor comments Please write multivariable instead of multivariate. See Hidalgo&Goodman. Am J Public Health. 2013 January; 103(1): 39–40.   In table 1, authors should include average MELD score   I find Figure 2A and figure 2B hard to read and I think this information could be conveyed without a figure