

## ANSWERING REVIEWERS



October 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5781-review.doc).

**Title:** Updates in the treatment and outcomes of dual chronic hepatitis C and B virus infection

**Author:** Chun-Jen Liu, Pei-Jer Chen

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 5781

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) On page 7, the authors state that approximately 70% of patients with HCV mono-infection respond to PEG-IFN and RBV therapy. Although this is true among Asian populations, SVR rates are lower in Caucasian populations with genotype 1 disease. The authors should mention that SVR rates are lower in this population, in part due to differences in IL-28 genotype.

A: We add more explanation. (revised page 5, paragraph 3)

(2) On page 10, the authors state that a "These data suggest a favorable HBV virologic effect in all HBV-HCV dually infected patients; but a favorable clinical result was only observed in pre-treatment HCV RNA-negative patients." How was dual infection defined if some patients were pre-treatment HCV-negative?

A: The enrolled population was defined by positivity for HBsAg, serum HBV DNA and anti-HCV. We add definition. (revised page 8, second paragraph)

(3) On page 11, the authors report the effect of SVR on HCC development, liver-related mortality, and overall mortality. They provide hazard ratios for each outcome. It would be useful if they also provided absolute annual rates with and without SVR for all three outcomes, either in the text or as table.

A: Four (4.2%) of the 96 dually infected patients with HCV SVR developed HCC after a mean follow-up of 4.6 years (annual rate of HCC development: 0.91%); 11 (28.2%) of the 39 patients with HCV SVR developed HCC after a mean follow-up of 3.5 years (annual rate: 8.1%). We add these description about the effect of SVR on HCC. (revised page 9, first paragraph)

(4) On page 12, the authors report HCC happens in a portion of patients with SVR, of whom 8 had dual infection and 1 had HCV mono-infection. What proportion of the 9 patients had underlying cirrhosis?

A: Before treatment, 5 (55.6%) of the 9 patients had established liver cirrhosis. We add description. (revised page 9, paragraph 3)

(5) However a new era in the treatment of chronic hepatitis, in particular HCV chronic infection is

started. In addition, the data present in this paper are been reported in several clinical studies, review and guidelines reported in literature.

A: We agree with the reviewer's comments. We already added the potential value of new DAA-based treatment in this population at the end of the conclusion. (revised page 13)

3 References and typesetting were corrected

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

Sincerely yours,

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