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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 22243
Title: Daclatasvir vs telaprevir plus peginterferon alfa/ribavirin for HCV genotype 1
Reviewer's code: 00504141
Reviewer's country: Ireland
Science editor: Jing Yu
Date sent for review: 2015-08-25 13:40
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The arena within which HCV is treated has moved at a very rapid pace over the past 5 years. The range of DAA options has expanded since TVR and BOC were the first protease inhibitors to become available. The manuscripted by Ira Jacobson presents data which supports the non-inferiority of Daclatasvir to TVR in combination with pegIFN and ribavirin. The paper is very well written and the key points are easily understood and discussed. 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. While, globally the world is focused on DAAs as the treatment of choice for HCV, these drugs are expensive and not all countries will be in a position to treat infection versus disease. In fact some first world countries are currently only treating patients with advanced disease due to the cost of these drugs. The authors make this point nicely and rightly state that there may be a place for IFN based anti-viral strageties for the management and treatment of HCV.

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ESPS PEER-REVIEW REPORT

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

COMMENTS TO AUTHORS

This phase 3 study from Dr. Jacobson et al. compared the safety and efficacy of daclatasvir, an NS5A inhibitor, with that of telaprevir, a protease inhibitor, each in combination with pegIFN/RBV, in treatment-naive patients with GT1 infection, with a focus on GT1b-infected patients. The manuscript is well-written. This reviewer has only minor comments,as follows: 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. 2. The relevance of RVAs should also be included in the Abstract body as short paragraph. 3. Three points related to RAVs should also be consider. (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.