

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 31221

**Title:** Interferon-free treatments in patients with hepatitis C genotype 1–4 infections in a real-world setting

**Reviewer's code:** 02937519

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2016-11-05 15:42

**Date reviewed:** 2016-11-08 22:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Ramos H. et al. analyzes the chronic infected genotype 1, 2, 3 and 4 HCV hepatitis treatment and all the possible combinations with direct antiviral agents which are nowadays available in Spain. However, this study has several crucial limitations and problems. (Major comments) A main point of this thesis is incomprehensible. What would the authors like to call from this result? In this paper, the authors analyzed the therapeutic effect and adverse events of various DAAs together, but it's different in the therapeutic effect depending on genotype and also different in side effects. Only of the therapeutic effect and a side effect, as it results clearly, for, no new knowledge was obtained. It should be analyzed according to combination of DAAs at least. In addition, the basis which set "Clinical trial inclusion criteria" should be described. (Minor comments) 1. What are "VHC" at Introduction, "HVC" at Patient selection and Clinical effectiveness, and "fibrosis measurement performed by TE" at Inclusion criteria? 2. In Abstract (Result), what does mean "96.2% patients in the CT-met group vs 91.9% patients (94.6%) in the CT-unmet group"?

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**Title:** Interferon-free treatments in patients with hepatitis C genotype 1–4 infections in a real-world setting

**Reviewer's code:** 02439938

**Reviewer's country:** China

**Science editor:** Yuan Qi

**Date sent for review:** 2016-11-05 15:42

**Date reviewed:** 2016-11-14 12:09

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

## COMMENTS TO AUTHORS

The manuscript is well presented and interesting. This is very helpfully understanding the efficacy and safety of DAA treatment for HCV patients in real world settings. And also SVR patients need to be follow up at least 24 weeks. However, some mistyping needs to be solved, such as table1 "AAD" should be "DAA".

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**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 31221

**Title:** Interferon-free treatments in patients with hepatitis C genotype 1–4 infections in a real-world setting

**Reviewer's code:** 01560031

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2016-11-05 15:42

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The paper is interesting, however some problems remain to be clarified. 1. The authors should describe the SVR rate in HCV genotype 1, separating genotype 1a and genotype 1b, respectively. 2. The authors should describe the occurrence rate of mutation and the kind of mutation, when SVR isn't attained in genotype 1, 3 and 4. 3. The authors should describe side effects such as edema when using OBV/PTV/r/DSV. 4. The authors should describe the change of AFP value and platelets before and after DAA therapy, and describe the difference between SVR and non SVR cases. 5. Although the authors analyzed the factors regarding non SVR case generally, the authors should collect the factors and analyze regarding non SVR cases and describe that respectively.

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**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 31221

**Title:** Interferon-free treatments in patients with hepatitis C genotype 1-4 infections in a real-world setting

**Reviewer's code:** 03647931

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**Science editor:** Yuan Qi

**Date sent for review:** 2016-11-05 15:42

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This real-world prospective multi-center study was conducted at 9 centers in Spain on a fair number of patients, the study is well designed and the paper is well written, however, I have some comments. 1- The term rapid virologic response (RVR), was extensively used during the Interferon era, the duration of therapy was 48 weeks for most genotypes, in this study, the duration of therapy ranged from 8-12 weeks, the use of this term in the era of DAAs is questionable, the authors can alternatively use the term undetectable HCV RNA at week 4. 2- Exclusion of patients co-infected with HBV should be added at page 8. 3- Was HCC an exclusion criterion?. 4- Did patients with a significant thrombocytopenia undergo an upper GI endoscopy?. 5- Please explain why 2 patients required blood transfusion and none required erythropoietin. 6- This phrase at page 21 should be changed from " in a cohort of patients with all genotypes" into " in a cohort of patients with genotypes 1-4". 7- Table 1 is too big, 8- Why the regimen Simperprevir and Daclatasvir was used in 7 patients although it was not mentioned in guidelines?