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### PEER-REVIEW REPORT

Name of journal: World Journal of Virology

Manuscript NO: 34848

Title: Real-World Cure Rates for Hepatitis C Virus Treatments that Include Simeprevir

and/or Sofosbuvir Are Comparable to Clinical Trial Results

Reviewer's code: 02528812 Reviewer's country: Iran Science editor: Li-Jun Cui

Date sent for review: 2017-06-12

**Date reviewed:** 2017-06-19

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	[ ] The same title	[ ] High priority for
[ ] 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:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y]No	

#### **COMMENTS TO AUTHORS**

The manuscript entitled "Real-World Cure Rates for Hepatitis C Virus Treatments that Include Simeprevir and/or Sofosbuvir Are Comparable to Clinical Trial Results" is well performed and presented. In this study, the authors have evaluated the clinical outcomes and economic performance of three different HCV treatment regimens, including simeprevir/sofosbuvir ± ribavirin, sofosbuvir/ ribavirin, and sofosbuvir/ ribavirin with pegylated-interferon on genotypes 1-4 of hepatitis C by investigating 508 patients with chronic HCV infection and compared the results with the clinical trials. The authors have claimed that these two pan-genotypic direct-acting antivirals in combination with pegylated-interferon and or ribavirin confer high rates of sustained virological response, which are comparable to those seen in clinical trials. In addition, previous treatment with a protease inhibitor, higher bilirubin and FIB-4 score ≥ 3.25 are risk factors associated with treatment failure. According to the results of this study, treatment failure accounts for 27% of costs. From the clinical point of view, this study



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reports valuable results and gives clue to clinicians to properly manage chronic HCV infection in patients.



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### PEER-REVIEW REPORT

Name of journal: World Journal of Virology

Manuscript NO: 34848

Title: Real-World Cure Rates for Hepatitis C Virus Treatments that Include Simeprevir

and/or Sofosbuvir Are Comparable to Clinical Trial Results

Reviewer's code: 02529007 Reviewer's country: Iran Science editor: Li-Jun Cui

Date sent for review: 2017-06-12

**Date reviewed:** 2017-06-26

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**

The manuscript ID 34848 entitled, "Real-World Cure Rates for Hepatitis C Virus Treatments that Include Simeprevir and/or Sofosbuvir Are Comparable to Clinical Trial Results" assess in 508 patients with chronic HCV infection (genotypes 1 through 4) at a single academic medical center, the real-world effectiveness and cost of treatment with SMV/SOF ± RBV (178 patients), SOF/RBV (234 patients), and SOF/RBV with PEG (96 patients). Results indicated SVR12 rates of 86%, 62% and 78% as well as mean costs-per-SVR12 of \$174,442, \$223,003 and \$126,496 for each group, respectively. Authors finally conclude that, SVR12 rates for SMV and/or SOF-based regimens in a diverse real-world population are comparable to those in clinical trials, while treatment failure accounts for 27% of costs. Comments: • Evaluation and comparing different regimens of DDAs therapy, specially SOF, in real world for CHC has been addressed in several new reports. Results of these new reports should be carefully compared and discussed in the present manuscript. In fact, the manuscript needs a careful updating



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based on new reports specially those appeared in 2017 (which are currently absent in the present manuscript). Some examples are in the following: - Dual treatment with sofosbuvir plus ribavirin is as effective as triple therapy with pegylated interferon plus sofosbuvir plus ribavirin in predominant genotype 3 patients with chronic hepatitis C. Satsangi S, Mehta M, Duseja A, Taneja S, Dhiman RK, Chawla Y. J Gastroenterol Hepatol. 2017 Apr;32(4):859-863. doi: 10.1111/jgh.13595. - Sofosbuvir-based treatment regimens: real life results of 14 409 chronic HCV genotype 4 patients in Egypt. Elsharkawy A, Fouad R, El Akel W, El Raziky M, Hassany M, Shiha G, Said M, Motawea I, El Demerdash T, Seif S, Gaballah A, El Shazly Y, Makhlouf MA, Waked I, Abdelaziz AO, Yosry A, El Serafy M, Thursz M, Doss W, Esmat G. Aliment Pharmacol Ther. 2017 Mar;45(5):681-687. doi: 10.1111/apt.13923. Epub 2017 Jan 9. - Early Experience of Sofosbuvir based Combination Therapy in "Real-Life" Cohort with Chronic Hepatitis-C Infection. Mehta R, Kabrawala M, Nandwani S, Tekriwal R, Nandania P. J Clin Diagn Res. 2017 Mar;11(3):OC05-OC08. doi: 10.7860/JCDR/2017/23184.9335. Epub 2017 Mar 1. - Combination of sofosbuvir, pegylated-interferon and ribavirin for treatment of hepatitis C virus genotype 1 infection: a systematic review and meta-analysis. Dolatimehr F, Karimi-Sari H, Rezaee-Zavareh MS, Alavian SM, Behnava B, 2017 Gholami-Fesharaki M, Sharafi H. Daru. Apr 20;25(1):11. 10.1186/s40199-017-0177-x. - Curing Chronic Hepatitis C: A Cost Comparison of the Combination Simeprevir Plus Sofosbuvir vs. Protease-Inhibitor-Based Triple Therapy. Langness JA, Tabano D, Wieland A, Tise S, Pratt L, Harrington LA, Lin S, Ghuschcyan V, Nair KV, Everson GT. Ann Hepatol. May - Jun;16(3):366-374. 2017 doi: 10.5604/16652681.1235479. pangenotypic, single tablet Α regimen of sofosbuvir/velpatasvir for the treatment of chronic hepatitis C infection. Weisberg IS, Expert Opin Pharmacother. 2017 Apr;18(5):535-543. Jacobson IM. 10.1080/14656566.2017.1282459. Epub 2017 Mar 24. Review. Please define SVR12 in abstract and explain the difference between SVR and SVR12. Authors emphasis (even in the abstract) that the involved patients were infected with HCV genotypes 1 to 4 but no result/discussion based on genotype and SVR is provided. Please reconsider.