

July 1, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11460-edited-revised.doc).

**Title:** Response-guided treatment of cirrhotic chronic hepatitis B patients: Multicenter prospective study

**Author:** Er-Li Gu, Yi-Qi Yu, Jia-Li Wang, Yan-Yan Ji, Xiu-Yun Ma, Qing Xie, Hong-Ying Pan, Shan-Min Wu, Jun Li, Cheng-Wei Chen, Xiao-Wei Xu, Yue-Er Wang, Guang-Bi Yao, Hong Wang, Wen-Hong Zhang

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

**ESPS Manuscript NO:** 11460

The manuscript has been improved according to the suggestions of reviewers:  
1 The title has been revised.

2 Guang-Bi Yao was a newly added author of the study.

3 The authors' affiliations have been arranged according to the given format.

4 Author contributions has been added.

5 The professional title of the corresponding author Hong Wang has been provided.

6 The result part of the abstraction has been revised and P value has been added.

7 Core tips have been attached.

8 The ethics approval has been added in the revised manuscript.

9 Comments has been attached in the manuscript.

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

(1) Another major flaw in the result is from Fig. 5. Authors said that 'The number of patients with HBeAg-positive CHB at baseline was 16, 23 and 18 for arm A, B and C, respectively. At week 144, HBeAg loss rate was 53.85% (7/13), 47.62% (10/21) and 42.86 (6/14) (P=0.993), and HBeAg seroconversion rate was 23.08% (3/13), 47.62% (10/21) and 21.43% (3/14) (P=0.245) in three arms, respectively (Figure 5).' Where this 13, 21, and 14 comes from? And then in the figure, they said that 16, 23 and 18.

Answer: Baseline data of HBeAg and table1 have been revised.

(2) Since it had been known that LAM- and ADV-resistant mutants are

reached to ~70% and ~20 to 30%, respectively, after 5 years treatments, add-on therapy would be better with entecavir or tenofovir.

Answer: In Asia-Pacific, especially on the economic undeveloped areas, adefovir add-on therapy is still the optimal option for CHB and HBV-related cirrhosis once the emergence of LAM-resistant mutants. Recommended dose of entecavir for patients who develop LAM-resistant mutants is 1.0mg/day, which definitely increases economic burden on patients. Tenofovir just went on the market in China at the end of 2013. Adefovir will still be the optimal option for LAM-resistant patients for a long time in the future. Therefore, the study is of great significance for CHB patients with compensated cirrhosis in China.

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

Sincerely yours,

A handwritten signature in black ink that reads "Hong Wang". The signature is written in a cursive, slightly slanted style.

Hong Wang, MD

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