To the kind attention of
Jin-Lei Wang
Company Editor-in-Chief
World Journal of Hepatology

Re: Ms NO: 73420: Safety of Direct Acting Antiviral treatment for hepatitis C in oncologic setting: a clinical experience and a literature review.

Further to your message dated December, 27th 2021, I am hereby resubmitting the above-mentioned invited review for publication in World Journal of Hepatology.

As requested, the manuscript has been revised addressing the points raised by the reviewers (see item-by-item response) and have revised the text accordingly. Attached is a tracked copy for your convenience.

The text has been checked and the references are correctly and properly cited.

As requested, the manuscript has been revised and edited by highly qualified native English speaking editors at SNAS

Looking forward to hearing from you,

Yours sincerely,

Dr Anna Maria Spera, MD, PhD
Universitary Hospital OO RR San Giovanni di Dio e Ruggi d'Aragona
Salerno – Italy

Reply to Company in Chief Editor Jin-Lei Wang

The figures have been prepared and arranged using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.
Author provides standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table conform to the editing specifications, and the lines of each row or column of the table are aligned.

Reply to reviewer 1

1. references and abbreviations have been modified.
2. Language has been reviewed by highly qualified native English speaking editors at SNAS
3. The title: is it " direct ACTING antiviral?"

4. Page 3: line 2, "HCV reactivation" is no more spelled out after being previously abbreviated in page 2 –
5. Page 3: SVR is spelled out
6. Page 1, paragraph 3: "determining AN insufficient reduction" now replaces "a insufficient"
7. Page 1: - It is unclear how the typical outcome is a spontaneous resolution of HCV infection, despite mentioning that up to 85% of infected people will develop chronicity: it has been replaced with "a chronic course has been often described"
8. What is meant by "despite concomitant serological recovery"? – means liver function recovery
9. "Any kind of immune central reconstitution after immunosuppressive medication can trigger viral reactivation in this chronic setting of hepatitis C virus". The reference of this knowledge is the number 4
10. Page 2: - First line: "Approximately two weeks before hepatitis flares, an increase in viral RNA often occurs"……. The reference is the number 4
11. How "early identification of HCV infection and/or its reactivation can be ensured only by liver function testing and anti-HCV and viral load level surveillance"?: it can be nowadays ensured merely by liver function testing, anti-HCV and viral load level surveillance WITHOUT biopsy.
12. Page 3: - "The first therapeutic combination employed against HCV infection in 1990 was based on the standard IFN and not the pegylated. Peg-IFN was introduced in 2002.
13. References: - Page 1; reference 3 in line 4 is the optimum one - Page 1; last line, references 10 and 11 are not the optimum references because they belong to HBV infection and so have been deleted.

Reply to reviewer 2

1. The correct number of HCV genotypes has been corrected: is no longer 6, but 8 and there are several subtypes of interest (more than 90).
2. The mortality is about 400,000 per year;
3. The relationship with some non-liver cancers has been confirmed in literature, so that it has not toned out (see bibliography);
4. "second generation DAA" has been replaced by "currently used DAA";
5. The whole paragraph on interferon alpha has been summarized;
6. The lists presented in pages 13 and 14 are redundant with Table 5b, and therefore have be deleted;
7. Tables 3 and 4 have not been deleted although these data are well known, because contents can be useful for the reader;
8. The text has been edited by highly qualified native English speaking editors at SNAS