

Format for ANSWERING REVIEWERS

January 29, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15864-edited.doc).

Title: "Treatment of chronic hepatitis C in liver transplant candidates and recipients: where do we stand?"

Authors: Chrysoula Pipili, Evangelos Cholongitas

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 15864

The manuscript has been improved according to the suggestions of reviewers and editor:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers:

Comments of Reviewer 1

This review provided us the current knowledge about Treatment of chronic hepatitis C in liver transplant candidates and recipients. It is well-written, although some minor errors need to be modified. The following are some examples. Abstract: "various combinations of second generations DAAs associated with" "second generation DAAs", "Are associated with" "new antivirals high cost" new antivirals' high cost core tips: "led to excellent" Excellent is adjective. HCV positive liver transplant candidates: Peg-IFN-based regimens have also been related to poor tolerability and many side effects [3, 5] such as anemia, infections and neuropsychiatric disorders [21] Ref. 21 is not about the side effects of INF. Is infection one of the side effects of IFN? Table 2: What does the asterisk mean? What is CNI? The fonts of the table titles are not consistent.

Answer to Reviewer 1:

We are grateful for the helpful and constructive comments. All comments have been addressed and highlighted within the manuscript

Comments of Reviewer 2

This is a well written review describing the recent advances in an evolving scenario. Minor comments Table 7 needs to be reformatted

Answer to Reviewer 2:

Thank you. We have reformatted Table 7

Comments of Reviewer 3

Transplant-related HCV infection has been intractable state that frequently induces graft loss. Efficacy of treatment regimens containing IFN depends on host immune responses; therefore, the rate of successful treatment is very low in such an immunosuppressed state. Now paradigm shift of the HCV treatment is ongoing and newly developed antiviral agent Sovaldi is very effective in any clinical setting including transplant related HCV infection. This review is well written, timely and concise. I have following questions. 1. P5 L10 The word of "viral cycle" is inarticulate. Change to viral life cycle or viral replication. 2. P6 L13 Dankliza is incorrect. Change to Daklinza. 3. P10 L7 I think four weeks is too short. Is it correct? I think 8 or 12 weeks. 4. P12 L15 Please describe the new DAAs which is contraindication for coadministration of CsA. 5. P14 Please summarize the drug-drug interaction in new Table. 6. P16 Cost of new DAAs are serious social burden. Please add the future direction of anti-HCV treatment in the section of conclusion. If possible immune therapy or therapeutic vaccine

Answer to Reviewer 3:

Thank you for your critical involvement in improving this manuscript. All comments have been appreciated and marked within the text. More specific:

Comment 3: We did not find this information in page 10 but in page 11. If you mean (in page 11) about "All but one patients with undetectable HCV RNA for at least 4 weeks before..." we confirm that this is correct.

Comment 4: We have added a comment that among the newer DAAs, only simeprevir should not be given with cyclosporine (and a comment in Table 2) (page 19).

Comment 5: We have a new Table (Table 8) with the major drug-drug interaction of the newer DAAs.

Editor's comments

-Please provide the postcode in this section. Thank you!

-The telephone and fax number, should consist of +, country number, district number and telephone or fax number, e.g. Telephone: +86-10-59080039, Fax: +86-10-59080039.

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PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>)

DOI (<http://www.crossref.org/SimpleTextQuery/>)

The format of all references should like "1". Thank you!

-Please make sure that the reference numbers in the text are in the correct sequence and there are no reduplicate references. Thank you!

3 References and typesetting were corrected

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

Sincerely yours,

Evangelos Cholongitas