

Response to reviewers.

Reviewer 03475111.

In general, the content of the manuscript is good. However, it has been written as loose statements throughout the whole manuscript and this makes it less readable. Hopefully it's possible to make it a more structured manuscript, with logical order and more in depth discussion rather than solely stating findings. References were also not included in the file. Please add these in order to check whether the right references were used.

Response:

The manuscript has been restructured. A more deep discussion has been proposed but the difficulty is that we review very preliminary published data in the field and no final conclusions or recommendations can be issued. References have been checked.

Reviewer 00070422.

HCV infection is clearly at risk of chronic kidney disease. New direct anti-hcv agents with different pharmacokinetic properties are generally efficient in these populations. New DAA will probably favorably change the landscape. Close monitoring of renal function is required in at-risk patients but patients without comorbidities are probably at very low risk of renal toxicity.

Response:

We completely agree with this comment and this is the meaning of our conclusion even if no final recommendation can be issued today

Reviewer 03476421.

Very nice and comprehensive review of anti-HCV therapies. Would suggest including detailed/objective clinical selection criteria (i.e. numerical viral load, liver biopsy numerical grade and stage, other comorbidities of liver disease) for initiating therapy, which populations respond best (and worst), which specific populations should be monitored closely for treatment; also would mention preliminary data of the DAAs in pediatrics and anticipated time frame for approval

Response:

We are not sure detailed/objective clinical selection criteria for initiating therapy would be useful in this review as universal treatment for chronic hepatitis C should be now recommended. The main obstacle remains the treatment price.

More importantly however, as suggested, is to define which specific populations should be monitored closely for renal function. The data available in at risk populations are reported in this manuscript involving comorbidities like chronic kidney disease and potentially patients with diabetes and hypertension, HIV-coinfected and transplanted patients. We tried to be give more precise conclusions.

About pediatric patients : treatment with LDV/SOF (90/400 mg) for 12 weeks resulted in an SVR12 rate of 97% in 100 adolescent patients with HCV GT 1 which is similar to the results obtained in adults. LDV/SOF was well tolerated with no grade3-4 adverse events, serious adverse events, or treatment discontinuations due to adverse events. (Kathleen Schwarz, EASL, 2016)

A study is ongoing in children aged 3 to <12 years (ClinicalTrials.gov Identifier:NCT02249182). This experience has been reported in the text.

Editor

Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).

The manuscript has been edited for English language usage, grammar, spelling and punctuation by NPG Language Editing and a language editing certificate is provided.