Author’s response to reviews

**Title:** Long-term effects of treatment and response in patients with chronic hepatitis C on quality of life

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**Author's response to reviews:** see over
Dear Editors,

Here we would like to re-submit our manuscript MS 8748669457914864, Long-term effects of treatment and response in patients with chronic hepatitis C on quality of life, by geert Bezemer et al.

We would like to thank the reviewers for their comments and to give us the possibility to improve the manuscript.

According to the comments of the reviewers, we have made the following changes:

1 There are many abbreviations within the text; the authors may do with reducing it when possible.

The number of abbreviations has been reduced. Uncommon abbreviations have been removed and replaced by the full text; in the revised edition, only well accepted abbreviations are being used:

Uncommon abbreviation which have been removed from the text:
- first mentioned on page 3: SES social economic status
- … page 3: STD, standard
- … page 4: FU, follow up
- … page 4: IT, individualized treatment
- … page 5: PF, physical functioning
- … page 5: RP, role physical health
- … page 5: SF, social functioning
- … page 5: VT, vitality
- … page 5: BP, bodily pain
- … page 5: MH, mental health
- … page 5: RE, role limitation emotional problems
- … page 5: GH, general health
- … page 5: PCS, physical component summary scale
- … page 5: MCS, mental component summary scale

Abbreviations still in use:
- HCV, hepatitis C virus
- HRQL, health related quality of life
- (PEG)IFN, (peg)interferon
- RBV, ribavirin
- RVR, rapid virological response
- SF-36, Short Form-36
- SVR, sustained virological response

2 Many variables are mentioned and these are not shown in comparative table before and after treatment.

There are two table incorporated in the manuscript, containing the most important variables; more specifically, table 1 the determinants of health related quality of life on t=0 and those on
the course of health related quality of life, and table 2 a multivariate analysis showing only those outcomes which are statistically significant. Showing all or more of the variables in an additional table would in our opinion not add any important information. Please let us know in case we may not understand the reviewer completely.

3 There are few questions raised in the results but the authors are not discussing it, such as why the cirrhotics are doing better than non cirrhotics, reason of the high drop out rate while it is mentioned in methodology that questionnaires were given 6 weeks from start of treatment, how did the authors overcome the country differences (cultural and social) is it by the multivariate analysis and logistic regression.

Surprisingly, patients with cirrhosis did better compared to those without cirrhosis. This has been indicated in the text (Discussion) more clearly. However, we are unable to explain this difference, because we expected the contrary.
Indeed there was a quite high drop-out rate with regard to the questionnaires; whereas the medical follow up with regard to the antiviral treatment, was almost complete! We do not comment on this any further in the text. It is of course a well-known problem of studies using additional questionnaires after a medical treatment has been completed. Then many patients forget, or refrain.

With regard to country differences, we did not want to overcome differences. The tests used, have been calibrated in all the participating countries, and the differences found –by multivariate analysis and logistic regression- added to the conclusions that the participating center (or country) was one of the determinants of health related quality of life. This is mentioned in the text (Discussion), second sentence summarizing the major conclusions.

Additional remarks:

- according to the journal’s manuscript structure requirements: ‘introduction’ has been changed into ‘background’.
- Conclusions have been stated more clearly, at the end of the discussion

Changes in the text have been made ‘red’.

Legends to figures have been added.

With regard to competing interests: competing interests in relation to this study have been named. In case all relations need to be mentioned –all current, and in particular also those not related to the study, please tell us; then we will add these. In addition to the sponsors, there were no additional conflicts of interest.

Again we would like to thank the Editors to give us the opportunity to improve the manuscript, and we hope that our manuscript now fulfills to all criteria.

Kind regards,
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