Author's response to reviews

Title: Multicenter Comparison of PEG-IFN 2a or 2b Plus Ribavirin for Treatment-naive HCV Patient in Korean Population

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Author's response to reviews: see over
Dear Editors

It is my pleasure to resubmit the revised manuscript, entitled “Multicenter Comparison of PEG-IFN α2a or α2b Plus Ribavirin for Treatment-naïve Korean Population” for your consideration of publication in *BMC gastroenterology*. Furthermore, we appreciate for the Board of Editors and the Reviewers offering us the opportunity to resubmit our manuscript. All the authors discussed your comments in great depth, and we made every effort to respond for the reviewers’ comments.

Consensus guidelines recommend the use of either Pegylated interferon (PEG-IFN) alfa-2a or PEG-IFN alfa-2b both plus ribavirin for the treatment of chronic HCV infection. Although recent large-scale randomized trials conducted in the West have showed that these two PEG-IFNs are similar in terms of efficacy and tolerability, these trial were limited to genotype 1 chronic HCV patients or HIV co-infected patients. In contrast, recent two comparative studies in Italian patients with chronic HCV and a systematic review of randomized trials suggested that sustained virological response (SVR) rate PEG-IFN alfa-2a is superior to that of PEG-IFN alfa-2b. However, relative efficacy of PEG-IFN alfa-2a plus ribavirin compared with PEG-IFN alfa-2b plus ribavirin in Asian patients with chronic hepatitis C remains unclear. Furthermore, it is not known whether the higher SVR rates by PEG-IFN alfa-2a compared with that by PEG-IFN alfa-2b can be achieved in chronic HCV patients who live in Korea, where the frequency of favorable *IL-28B* genotype is high.

In this large-scale multicenter study, we found that the efficacy and safety of PEG-IFN alfa-2a in treatment-naïve Asian patients infected with chronic hepatitis C are not different with those of PEG-IFN alfa-2b, regardless of HCV genotypes, age, HCV viral load, and hepatic fibrosis, unlike the results of Caucasian studies. Furthermore, propensity score matched analysis, which was conducted to avoid the effects of potential confounding factors, showed that SVR rates was similar between the two PEG-IFN groups. To the best of our knowledge, this is the largest multicenter study to compare the efficacy and safety between two types of PEG-IFNs in Korean patients with chronic HCV infection, regardless of HCV genotypes.

All authors have contributed significantly, and all have read and approved the submitted manuscript. The manuscript has not been published and is not being considered for publication elsewhere, in whole or in part, in any language. Ethical guidelines were followed by the investigator in studies on humans, and the approval of our institutional review board is cited in the Methods section of the text. The authors declare that, with respect to this manuscript, they have nothing to disclose regarding conflicts of interest. We cordially look forward to the positive decision of the editors concerning the suitability of this manuscript for publication in *BMC gastroenterology*.

Sincerely yours,

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