Author's response to reviews

Title: Sofosbuvir and ribavirin before liver re-transplantation for graft failure due to recurrent hepatitis C: a case report

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Version: 3 Date: 10 February 2015

Author's response to reviews: see over
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and

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BMC Gastroenterology

Lausanne, February 9, 2015

MS 9396694761528847

Dear Dr. Morawska, dear Dr. Ahmad,

Thank you for your e-mail of February 6, 2015 concerning our manuscript entitled "Sofosbuvir and ribavirin before liver re-transplantation for graft failure due to recurrent hepatitis C: a case report" and the positive comments by the reviewers.

Uploaded to the BMC Gastroenterology online submission site please find a new version of the manuscript which was revised taking into consideration the reviewers' comments. In addition, please find on the next page a separate point-by-point reply.

We hope that you will find this revised version of our manuscript suitable for publication in BMC Gastroenterology.

Thank you for your consideration and interest in this matter.

Sincerely,

[Signature]

Julien Vionnet, M.D.

[Signature]

Darius Moradpour, M.D.
Point-by-point reply

Reviewer 1

Reviewer 1 did not raise any issues to be addressed.

Reviewer 2

Reviewer 2 raised minor issues which were addressed as follows:

1. Line 60 (59 and 60 of the revised manuscript) was referenced, as requested.

2. "perspectives" was changed to "outcomes" in line 128, as requested.

In addition, Reviewer 2 proposed discretionary revisions, which were performed as follows:

3. A sentence stating that "at no point there was any evidence of allograft rejection" was included in the case presentation (lines 87-88 of the revised manuscript).

4. The total duration of sofosbuvir treatment has now been included in the case presentation, as suggested (line 115 of the revised manuscript).

5. Liver biopsies were not performed under sofosbuvir treatment given the very advanced liver disease and fragility of the patient. Immunosuppressive treatment was maintained unchanged, with regular monitoring of cyclosporine trough levels. Hence, while we cannot formally exclude that rejection while on sofosbuvir treatment contributed to further decompensation of the first allograft, we feel that this is unlikely, especially as the patient never had any evidence of rejection on repeated biopsies performed between 2008 and 2013.