**OPEN PEER REVIEW**

## Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

## What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

## Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Hepatitis Monthly
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# Peer Review Report for "Real-world Effectiveness of Glecaprevir/Pibrentasvir (GLE/PIB) for Chronic Hepatitis C Infection: Evidence From a German Single-center Cohort Study"

**Author(s):** Claudia Beisel, Marissa Herrmann, Felix Piecha, Sibylle Lampalzer, Gustav Buescher, Sven Pischke, S, Julian Schulze Zur Wiesch

## Review Timeline:


| | |
|---|---|
| Submit Date: | 8 Oct 2020 |
| Revised Date: | 13 Dec 2020 |
| Accepted Date: | 24 Dec 2020 |


Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**maryam keshvari**: Reviewer | **Revision** (0) — 26 Oct 2020

Dear associate editor,

The study Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic HCV infection is remarkable regarding the lack of data in the literature.
There are few concerns through the article that should be addressed:

1- The prevalence of HCV infection in Germany should be pointed out.

2- A brief review of GLE/PIB action mechanism should be mentioned.

3- Point out the drug dosage and how to take the drug.

4- State the results of some similar studies in the discussion part.

**REFEREE**: Reviewer | **Revision** (0) — 28 Oct 2020

Dear editor,

An interesting German experience in daily clinical practice is reported, concerning G/P anti-HCV treatment.
This manuscript is adding in numerous recent articles concerning the same thema (including a recent multi-center german sutdy.).
Major revisions:

- Discussion must be improved: references must be updated, results must be compared with other experiences.

- There is a lot of lost patients: this specific point need better explanations.

**REFEREE**: Reviewer | **Revision** (0) 12 Nov 2020

Dear editor,

Single center, cohort of 97 HCV patients,3% with cirrhosis only,4% with HIV and 4% with HBV co-infection who were treated with SOC G/P. 22% were lost to f-up: the PP SVR rate was 100% in 76 patients. One patient experienced uneventful HBV reactivation following HCV therapy.
Owing to the small sample size and the lack of difficult to treat populations like HCV3 cirrhotics NR to DAA this reports has no added value with respect to what is known about G/P therapy of HCV. Further, the successful retreatment of 10 patients with IFN failures, cannot grant for efficacy and safety of G/P for retreatment of HCV.

**REFEREE**: Associate Editor | **Revision** (0) 13 Nov 2020

Dear EIC,

The manuscript entitled “Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic hepatitis C infection: Results from a German single-center cohort study” was reviewed by 3 experts in the field and myself. Lacking novelty is correctly pointed out by one of reviewers, and small sample study population is another major limitation. However, given that the study reported real-world experience of treatment with G/P, the data still have potential implications in some settings. The authors need to address all the comments by the reviewers and make the required revisions. Further comments by me come as follow as well:

- The authors have used “rate” in incorrect way throughout the manuscript. “Rate” is a time-dependent measure, such as incidence rate which refers to the new cases of a diseases in a specific time duration. In all occasions where the authors used rate (e.g., SVR rate or rate of cirrhosis), they were actually referring to a “proportion”.

- Methods: Please provide more information about the study setting, such as what type of clinic this clinic is (e.g., gastroenterology clinic, infectious disease clinic, etc.), whether the

clinic is a referral clinic, and if it is referral, who are generally referring their patients to this centre, including the catchment area.

- As mentioned by the reviewers, the Discussion section should be improved by including data from other relevant studies and also by providing the limitations of this study.

**Seyed Moayed Alavian**: EIC | **Revision** (0) 16 Nov 2020

Dear authors,

Thank you for your submission. Your manuscript needs revision before consideration for publication in Hepatitis Monthly.

Regards,
EIC

OPEN PEER REVIEW

Revision (1)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

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To
Prof. Dr. Seyed-Moayed Alavian
Editor-in-chief Hepatitis Monthly
P.O. Box:14665-985
Tehran
Iran

Hamburg, 11.12.2020
Seite 1/3

**Subject: Re-submission of the revised original research article entitled "Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic hepatitis C infection: Results from a German single-center cohort study." by Beisel *et al.***

**Dear Prof. Seyed-Moayed Alavian,**

We thank you for providing us the opportunity to re-submit a revised version of our manuscript entitled **"Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic hepatitis C infection: Results from a German single-center cohort study."** by Beisel *et al.* for consideration for publication in *Hepatitis Monthly*.

We greatly appreciate the constructive feedback from you and reviewers, and believe that these revisions have further strengthened our manuscript. We hope that the revised manuscript can now be accepted for publication.

Please find enclosed our point-by-point responses to the reviewers' comments and how we have specifically addressed each of their concerns. All changes in the manuscript were marked in yellow.

With best regards,

Claudia Beisel, MD

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**Detailed Response to Reviewers**

**Reviewer #1:**
„An interesting German experience in daily clinical practice is reported, concerning G/P anti-HCV treatment.This manuscript is adding in numerous recent articles concerning the same thema (including a recent multi-center german sutdy.).
Major revisions:
- Discussion must be improved: references must be up-dated, results must be compared with other experiences.
- There is a lot of lost patients: this specific point need better explanations.“

**We would like to thank the reviewer for the overall positive assessment of our data. We now revised the discussion and gave an explanation for the high number of lost-to follow-up patients.**

**Reviewer #2:**
„Single center, cohort of 97 HCV patients, 3% with cirrhosis only, 4% with HIV and 4% with HBV co-infection who were treated with SOC G/P.22% were lost to f-up: the PP SVR rate was 100% in 76 patients. One patient experienced uneventful HBV reactivation following HCV therapy.
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**We appreciate the reviewer’s comment. As suggested, we up-dated the discussion section about re-treatment of patients with previous IFN failure.**

**Reviewer #3:**
The study Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic HCV infection is remarkable regarding the lack of data in the literature.
There are few concerns through the article that should be addressed:
1- The prevalence of HCV infection in Germany should be pointed out.
2- A brief review of GLE/PIB action mechanism should be mentioned.
3- Point out the drug dosage and how to take the drug.
4- State the results of some similar studies in the discussion part.

**We thank the reviewer for these important comments and changed the manuscript as suggested. We now included the HCV prevalence in Germany, described the mechanism of action of GLE/PIB, pointed out the drug dosage and revised the discussion of the manuscript. All changes are highlighted in yellow.**

**Associate Editor's Comments:**
The manuscript entitled “Real-world effectiveness of glecaprevir/pibrentasvir (GLE/PIB) for chronic hepatitis C infection: Results from a German single-center cohort study” was reviewed by 3 experts in the field and myself. Lacking novelty is correctly pointed out by one of reviewers, and small sample study population is another major limitation. However, given that the study reported real-world experience of treatment with G/P, the data still have potential implications in some settings. The authors need to address all the comments by the reviewers and make the required revisions.
Further comments by me come as follow as well:
- The authors have used “rate” in incorrect way throughout the manuscript. “Rate” is a time-dependent measure, such as incidence rate, which refers to the new cases of a diseases in a specific time duration. In all occasions where the authors used rate (e.g., SVR rate or rate of cirrhosis), they were actually referring to a “proportion”.
- Methods: Please provide more information about the study setting; such as what type of clinic this clinic is (e.g., gastroenterology clinic, infectious disease clinic, etc.), whether the clinic is a referral clinic, and if it is referral, who are generally referring their patients to this centre, including the catchment area.
- As mentioned by the reviewers, the Discussion section should be improved by including data from other relevant studies and also by providing the limitations of this study.

**We thank you for providing us the opportunity to re-submit a revised version of our manuscript and greatly appreciate your constructive feedback. We now addressed all comments by the reviewers and importantly, up-dated the methods and discussion section as suggested. Furthermore, we replaced the term “rate”, respectively.**

**OPEN PEER REVIEW**

**Revision (1)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Associate Editor | **Revision** (1) 20 Dec 2020

Dear EIC,

Most of the reviewers' comments have been addressed properly by the authors. I have no further comments.

**Seyed Moayed Alavian**: EIC | **Revision** (1) 24 Dec 2020

Dear Authors,

I am delighted to inform you that your manuscript is accepted for publication.

Regards,
EIC