

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Long-term Benefit of Hepatitis C Therapy in a Safety Net Hospital System: A study with median 5 year follow-up
AUTHORS	Cuthbert, Jennifer; Singal, Amit; Dharia, Tushar; Malet, Peter; Alqahtani, Saleh; Zhang, Song

VERSION 1 - REVIEW

REVIEWER	MOISES DIAGO HEAD OF HEPATOLOGY SECTION HOSPITAL GENERAL DE VALENCIA SPAIN I have not conflict of interests with the mnscrip nor the authors
REVIEW RETURNED	03-Jun-2013

GENERAL COMMENTS	The manuscript is long due the inclusion of two issues: the efetiveness and long term response, but it is well developed in abstracts, introduction, methods, discussion and references. I would eliminate the Supplemental figure : Screening algorithm. In conclusion ,it must be published.
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REVIEWER	James Trotter, MD Baylor-Dallas
REVIEW RETURNED	14-Jul-2013

THE STUDY	Your last question "Do any supplemental documents" is affirmative when answered "no."
GENERAL COMMENTS	This is a nice review of an experience detailing the difficulties in treating a group of patients who is very poor and has limited social resources. As might be predicted, the results demonstrate the difficulty in treating such patients and their relatively limited response to therapy. This is a nice analysis including all of the relevant risk factors for outcome. The greatest detractor of this paper is that the therapy described isn't used any more. I personally have not written a prescription for (just) PEG and RBVN in over three years. In all likelihood, this therapy will likely rarely, if ever, be used again in isolation except in special circumstances. Within a few months, non-interferon therapy will be available for some genotypes and likely by next year, non-

	interferon based therapy will be the standard of care for all HCV genotypes. While we can learn from this important experience, the result here will not likely change practice, because the therapy described is soon to become an historic footnote in the therapy for HCV.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

“I would eliminate the Supplemental figure : Screening algorithm.”

The supplemental figure Screening algorithm has been eliminated (by incorporating into the body of the manuscript as requested).