Response Letter

Dear Editor,

We highly appreciate all the suggestions that helped us improve the quality of the manuscript. We hope that the revised version addresses each of the points raised by the editor and the reviewers and will meet the criteria for publication of ESPS Manuscript NO: 28015 in *World Journal of Gastroenterology.*

We added the comments, highlighting the background and research frontiers, in order to allow readers to better understand the implication of our results. We summarized the innovations and breakthroughs as well as the practical and further applications of our results. The terms that are essential for the readers to understand the article are explained and the comments from the peer review process are added.

We provided in attachment all the required documents and reviewed the format of the manuscript.

Response for Reviewer 1

Thank you for the valuable comments. Corrections related to the typos and grammar were made:

- The IL28B polymorphism was written as singular form;
- In table 2 and 3, ARN log was replaced with RNA log;
- Past tense was used in the indicated sentence from page 8;

We choose to delete the redundant part of text in the Results section and keep Table 4 that depicts the multivariate analysis, as we consider it to be more suggestive for the readers - we hope that this is in accordance with your suggestion.

Response for Reviewer 2

We highly appreciate your comments that helped us reply to questions that can be raised by our study, and definitely improved the quality of the manuscript. We hope that the revised version will respond point by point to the recommended corrections.

We agree with the evaluator comments on the sample size and low rate of SVR- we have addressed these limitations in the discussion section. Considering the fact that studies in non-Asian populations are scarce, even though the number of patients in our study is not very large, we think it might bring valuable information on the mechanisms involved in interferon-resistance.

Regarding the cost of core sequencing, although this might be rather high, it does not exceed the high cost of the newly introduced direct acting antivirals (DAAs). In fact the actual price of DAA precludes at this moment the universal replacement of the suboptimal interferon-based therapy for chronic hepatitis C. Consequently, in Romania, as well as in other developing economies, only patients with advanced fibrosis or HCV induced cirrhosis are now treated with the highly effective DAA. As a consequence, there is a permanent need for an evidence-based model to help the adequate selection of patients who might benefit from the interferon-based therapies. Therefore, we consider that core sequencing might represent a cost-effective marker, that helps tailoring treatment for those patients who do not fulfill the actual criteria for interferon-free therapies. As suggested, we also added a paragraph (highlighted) in the Discussion section summarizing these observations.