Dear Professor Ya-Juan Ma,
Scientific Editor, World Journal of Meta-Analysis,

25/02/2021

Thank you very much for your response regarding our manuscript entitled **"A Brief Introduction of Management, Advances and Challenges in the field of Viral Hepatitis"**. I wish to thank the reviewers for their conscientious review. In accordance with the reviewers' comments, we revised and corrected our manuscript. Please see the addressed comments below. We hope the revised manuscript is now suitable for publication in *World Journal of Meta-Analysis*. Your kind consideration of our article would be greatly appreciated. We look forward to hearing from you soon.

Yours sincerely,

- *The term "DAA" is commonly used for HCV. When they refer to HBV, please consider using "nucleos(t)ide analogues", instead* - **This has been addressed (see page 5&6)**

- *Reactivation of chronic or inactive hepatitis B related immunosuppressive drugs is a significant problem in the field and should be included.*
  Reactivation in the Context of Immunosuppression
  HBV reactivation is the reappearance or rise of HBV DNA in those with past or chronic HBV infection. Reactivation may occur in a range of clinical scenarios predominantly in the context of an immunosuppressed state of immunosuppressive therapy. Reactivation of HBV is frequently reported in patients undergoing chemotherapy for haematological malignancies and post hematopoietic stem cell transplants[(77)]. (see page 7)

- *The HBV core-related antigen should be mentioned in the manuscript.*
- **The HBV genome incorporates into the host genome and is postulated to have an oncogenesis effect contributing to HCC development[(14)]. Assay of the novel (or "emerging") biomarker hepatitis B core-related antigen (HBcrAg) is helpful in monitoring patients with chronic HBV infection. Serum HBV DNA correlates with HBcrAg. In patients with undetectable HBV DNA or loss of (hepatitis B surface antigen) HBsAg, HBcrAg can still be detected[(15)]. Decreasing HBcrAg titres are associated with positive outcomes for chronic HBV infected patients [(16)]. (see page 2)**

- *Please include interferon therapy for HBV.*
- **Pegylated interferon-α (PEG-IFN-α) is a first line treatment option in chronic HBV infection. The advantage of PEG-IFN-α over nucelos(t)ide analogues is the finite treatment course, together with superior rates of HBsAg and HBeAg seroconversion[(42)]. However use of PEG-IFN-α is associated with greater adverse effects including psychiatric, neurologic and endocrinological, effects[(43)]. (see page 4)**

- *Table 5. DAA's first line is misleading. According to the AASLD guideline, Glecaprevir/pibrentasvir eight weeks and sofosbuvir/velpatasvir 12 weeks are listed equally for Genotype 1.* - **This has been addressed (see page 11)**

- *Table 1. There is a typo in the title. "hepatotropic"* - **This has been addressed (see page 8)**

- *Table 2. Anti-HEV IgA should be included* - **This has been addressed (see page 9)**