Reply. We thank Dai and coworkers for their interest in our article and for their valuable comments. As we noted in our article, sofosbuvir-velpatasvir-based regimens were not formally reviewed by the Evidence Review Team at the time of guideline publication. However, the Food and Drug Administration has recently indicated that no dose adjustments are required for these regimens in patients with chronic kidney disease including those on dialysis.[1] Since then, as rightly pointed out by Dai and coworkers, US Food and Drug Administration and Taiwan Food and Drug Administration have approved the use of sofosbuvir for patients with glomerular filtration rate <30 mL/min/1.73 m^2, including patients on dialysis. However, this recommendation has not been adopted elsewhere, including European countries. Kidney Disease: Improving Global Outcome (KDIGO) will soon initiate a focused guideline update in which treatment regimens will be revisited so as to incorporate the most recent data. Lastly, we would like to suggest that such terminologies as "moderate, severe, or advanced renal impairment" be avoided and instead more precise terms (such as chronic kidney disease stage G4 or G5) should be used as outlined in our recent KDIGO Nomenclature Consensus Conference report.[2]

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Conflicts of interest

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