LETTER TO THE EDITOR

Real life Egyptian experience of efficacy and safety of Simeprevir/Sofosbuvir therapy in HCV genotype IV infected patients

To the Editor:
This is in reference to the article by Eletreby et al. They had recruited 6211 chronic Hepatitis C virus (HCV) genotype IV Egyptian patients from viral hepatitis specialized treatment centres affiliated to the National Committee for Control of Viral Hepatitis (NCCVH) in Egypt and aimed to investigate the efficacy, safety, and overall Sustained Virological Response (SVR) 12 rate of Simeprevir/Sofosbuvir (SIM/SOF) combination therapy in chronic HCV genotype IV patients. The results showed a high rate of overall SVR12(94%), and end of treatment response (ETR) rate(97.6%) as well as the significant correlation between albumin, liver cirrhosis, Fib-4score and treatment failure, presenting SIM/SOF combination therapy as an effective and well tolerate regimen, with less relapse rates, for patients with chronic HCV genotype IV. However, to our understanding, there are still some key points worth up for discussion. The impact of Human Immunodeficiency Virus (HIV) coinfection has been ignored. Approximately, one-third of people with HIV are coinfected with HCV. A total of 246 HCV-monoinfected and 322 HIV/HCV-coinfected patients were enrolled in this study reported by Spanish researchers, showing that SVR rates were 95% in HCV-monoinfected and 89% in coinfected patients(P=.002) and were independently associated with HIV infection after adjusting for age, sex, HCV genotype, and baseline serum HCV RNA. Moreover, another different multicentre Spanish study reported by Arias et al., including 363 chronic HCV patients, found a statistical association between Direct Antiviral Agents (DAAs) treatment failure and HIV coinfection and cirrhosis. Furthermore, there appears a relationship between HIV/HCV coinfection and high rate of resistance-associated variants (RAVs), thus resulting in barrier during the course of treatment. Given this background, further researches should be adopted to analyse the effect of HIV coinfection on DAA treatment in this study.

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CONFLICT OF INTEREST
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