CORRIGENDUM

The way forward in HCV treatment — finding the right path

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On page 996, in the first paragraph of the right-hand column, which discusses studies with boceprevir, pegIFN-α2a was stated as the pegylated interferon that patients had previously failed in order to be considered non-responders. This is not accurate since they could have failed pegIFN-α2a or pegIFN-α2b. In addition, pegIFN-α2a was stated as the pegylated interferon being used in combination with boceprevir in Phase I and Phase II studies. However, the pegylated interferon used is pegIFN-α2b.

The statements should read as follows:

A dose-ranging study of boceprevir (100–400 mg twice a day) in patients with HCV genotype 1 that had previously failed pegIFN-α2 therapy indicates that this protease inhibitor has dose-related antiviral activity as monotherapy. A Phase Ib 14-day study of boceprevir (200 or 400 mg three times daily) administered in combination with pegIFN-α2b (1.5 μg per kg weekly) demonstrated a dose–response relationship in non-responder patients with HCV genotype 1. Mean maximum $\log_{10}$ reductions in HCV RNA were 2.45 and 2.88 for 200 and 400 mg boceprevir plus pegIFN-α2b, respectively[49], and the combination of agents provided greater antiviral activity than either drug as monotherapy. Boceprevir 800 mg three times a day is currently being evaluated in combination with pegIFN-α2b and ribavirin in a Phase II trial of non-responders. A further Phase II trial of boceprevir 800 mg three times a day in combination with pegIFN-α2b and ribavirin has also been initiated in treatment-naive patients. Recent preliminary results from this so-called SPRINT (Serine Protease Inhibitor Therapy) study are comparable to the two telapravir Phase II studies in treatment naive patients[113–115].