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THERAPY

Retreatment of HCV infection in DAA nonresponders

Retreatment of HCV infection in patients who have previously not responded to direct-acting antiviral agents (DAAs) can be successful, according to new data published in *Hepatology*.

Numerous new DAAs for hepatitis C are under development. Although sustained virologic response (SVR) rates have been high, not all patients have had success with these new experimental drug regimens.

In an open-label trial, Pol and colleagues tested the effectiveness of sofosbuvir plus PEG-IFN-α and ribavirin in patients infected with HCV genotype 1 who had previously failed to achieve SVR with investigational DAA regimens. The investigators enrolled 80 patients across 40 different sites to the study, who each received 400 mg sofosbuvir once daily plus 180 μg PEG-IFN-α weekly and weight-based ribavirin (1,000 or 1,200 mg daily) for 12 weeks. Notably, 45% of these patients had received two or more courses of prior HCV treatment, and 93% had at least one resistance-associated variant of HCV at baseline.

The researchers demonstrated that sofosbuvir plus PEG-IFN-α and ribavirin was safe and effective as a retreatment strategy. Overall, 79% of patients achieved SVR. Of those that did not achieve SVR, the presence of resistance-associated HCV variants did not seem to be a factor in treatment failure or the differing patient outcomes. Finally, although 89% did experience at least one adverse event, the majority of these effects were mild to moderate in severity (such as fatigue or headache).

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Original article Pol, S. *et al*. Sofosbuvir plus peginterferon and ribavirin in patients with genotype 1 HCV in whom prior therapy with direct-acting antivirals has failed. *Hepatology* doi:10.1002/hep.27836