

COMMENTARY

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Comment on “Response to direct-acting antiviral agents in chronic hepatitis C patients with end-stage renal disease: a clinical experience”

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Dear Editor,

We read with great interest the study by Tatar et al.¹ in which they demonstrated that treatment with OBV/PTV/r and DSV with or without RBV resulted in high rates of sustained virologic response in HCV GT1-infected patients with end-stage renal disease. Although this article is interesting, in our opinion, some issues should be addressed.

The authors enrolled 36 patients for investigating in this study, 3 patients were excluded due to death, missed visits, and abandoning treatment. Thirteen patients were infected with genotype 1b, and 15 with genotype 1a. However, in five patients, the subtype of genotype 1 could not be analyzed, so it was considered as genotype 1a. It is not reasonable to define these five people as genotype 1a. It is better to increase the number of enrolling cases or to exclude the data of these 5 patients.

REFERENCE

1. Tatar B, Köse Ş, Ergun NC, Turken M, Onlen Y, Yılmaz Y, et al. Response to direct-acting antiviral agents in chronic hepatitis C patients with end-stage renal disease: a clinical experience. *Rev Assoc Med Bras* (1992). 2019;65(12):1470-5. <https://doi.org/10.1590/1806-9282.65.12.1470>

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