Comments: Indian National Association for Study of the Liver (INASL) Guidance for Antiviral Therapy against HCV Infection: Update 2016

Sir, I read with interest the above mentioned article.¹ With the entry of the Direct Acting Antivirals, having an Indian guidelines for the country's clinicians is of outmost importance.

However I had a few comments on two aspects in the guidelines.

In Table 3 in, 'Recommendations for patients with decompensated cirrhosis', under Alternative regimen for RBV-intolerant patients, the article mentions SOF + LDV for 12 weeks for genotype 1 and 4. The SOLAR trial² of Ledipasvir/Sofosbuvir with Ribavirin was given to patients with advanced liver disease for 12 or 24 weeks. The SVR rates achieved were above 86%. The AASLD guidelines recommends Ledipasvir/Sofosbuvir without Ribavirin for 24 weeks for GT 1 and 4 decompensated patients.³ Sofosbuvir and Ledipasvir for 24 weeks would be more suitable for decompensated patients who are Ribavirin intolerant than the 12 week regimen.

Under HIV and HCV co-infection, it is mentioned that 'All HCV patients should be tested for HCV antibodies by enzyme-linked immunosorbent assay (ELISA). However, ELISA antibody test for HCV can be false negative in HIV patients with low CD4 counts. In patients with

negative antibody test, repeat tests should be recommended yearly as patients may have on going risks of transmission like high-risk sexual behavior or illicit drug use'. In an already immunocompromised category of patients, a HCV RNA test would be the ideal test to be repeated yearly, as it would negate the false negative results that could rise from the antibody test.

REFERENCES

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