New Hepatitis C Drugs Turns Genotype Info Upside Down

May 20, 2014 By Lucinda K. Porter RN

Having lived with hepatitis C for more than 25 years and worked in this field since 1997, I got used to living with the fact that of the top most common genotypes in the U.S., genotype 1 was the hardest to treat, that is, **until now**. Genotype 3 is now the challenging type.

The current recommendations for treating hepatitis C genotypes 2 and 3 is the combination of sofosbuvir (Sovaldi) plus ribavirin. Genotype 2 patients only need 12 weeks of treatment; genotype 3 patients need 24 weeks. Genotype 2 patients who undergo retreatment with sofosbuvir/ribavirin have response rates around 90%, whereas genotype 3 patients respond approximately 77% of the time. In short, genotype 3 patients have longer treatment and poorer results.

In October, the much anticipated interferon-free, ribavirin-free sofosbuvir/ledipasvir daily combination pill is expected to receive FDA approval. A recent study by Kowdley and colleagues published in the New England Journal of Medicine reported response rates of 94% for genotype 1 patients with/without cirrhosis after receiving eight (8) weeks of sofosbuvir/ledipasvir. This places genotype 1 on the top of the list for shorter, easier, and more efficacious hepatitis C treatment.

The question patients with genotype 2 and 3 are asking is, “When can we expect ribavirin-free hepatitis C treatment?” I can’t answer this with certainty, or at least the semi-certainty that I have about the FDA approval of sofosbuvir/ledipasvir, but I do believe that soon we will have something to offer genotypes 2 and 3.

The data are small, but the regimens and results look promising. Genotype 3 may still need ribavirin, but likely for only 12 weeks. Also, there are other drug combinations that look like they may work without genotype 3. Hold on genotype 3 patients: I believe we will have something or know what is ahead by the end of 2014.

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