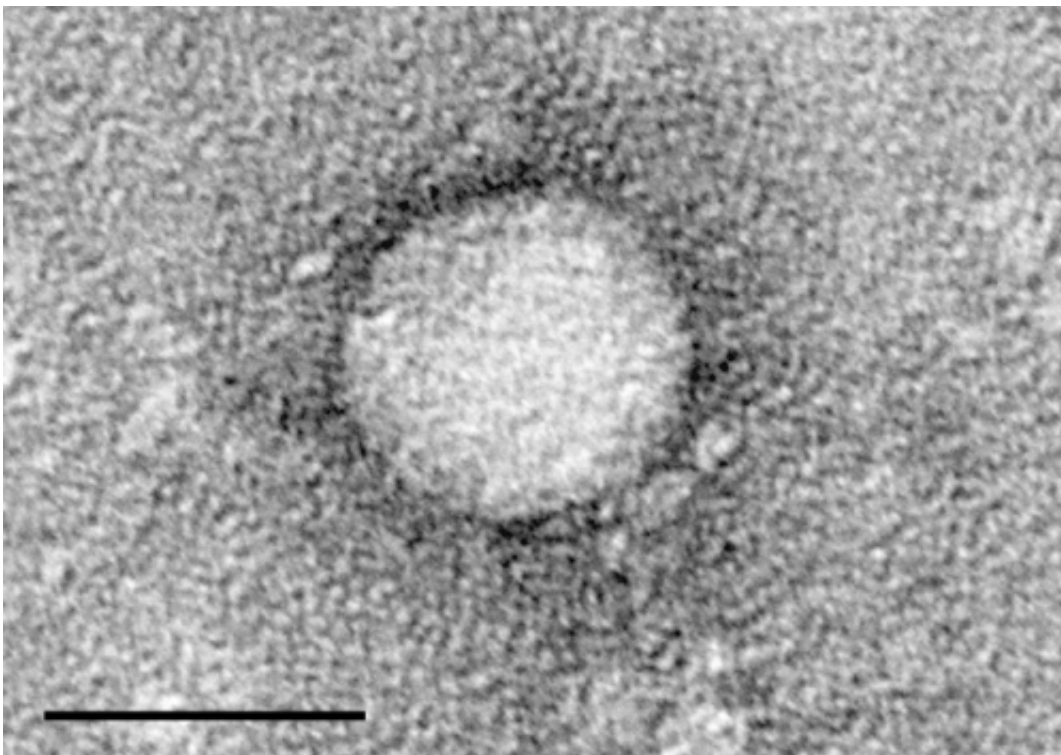


Studies show effectiveness of combo treatment for HCV patients with, without cirrhosis

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

In two studies appearing in the May 5 issue of *JAMA*, patients with chronic hepatitis C virus (HCV) genotype 1 infection and with or

without cirrhosis achieved high rates of sustained virologic response after 12 weeks of treatment with a combination of the direct-acting-antiviral drugs daclatasvir, asunaprevir, and beclabuvir.

Current estimates indicate that 130 million to 150 million people worldwide are chronically infected with HCV, resulting in up to 350,000 deaths per year. Of the 7 HCV genotypes identified, genotype 1 is the most prevalent worldwide, accounting for approximately 60 percent of infections. Treatment options for HCV genotype 1 are evolving rapidly from interferon-based regimens to all-oral, direct-acting antiviral only regimens.

In one study, Fred Poordad, M.D., of the University of Texas Health Science Center, San Antonio, Texas, and colleagues determined the rates of sustained virologic response (SVR) in [patients](#) receiving a twice-daily combination of daclatasvir, asunaprevir and beclabuvir (DCV-TRIO regimen). The study included both [treatment](#)-naive (n = 312) and patients who had previously received treatment (n = 103) for HCV genotype 1 infection and who did not have cirrhosis. This international study (UNITY-1) was conducted at 66 sites in the United States, Canada, France, and Australia. Sustained virologic response was defined as HCV-RNA

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