**Infectious Diseases**

**New Treatment Brings Hope, Questions**

In an editorial accompanying the article, Dr. David L. Thomas wrote that “we are on the eve of a new era in hepatitis C virus treatment.”

Indeed, he added, for the first 2 decades after the virus was discovered, “only ribavirin and interferon-alfa-related compounds were approved for HCV treatment, and nearly a decade has passed since the last substantive upgrade.”

However, he pointed out some “important limitations” to early-phase trials such as this. For example, although the study met its safety objectives, “the goal of HCV treatment is to eradicate infection,” an end point achieved when HCV RNA cannot be detected in blood at the end of treatment and 6 months later. Because patients in the study rolled over to pegylated interferon-alfa and ribavirin after completion of study drug treatment, “the study was not powered to assess the ultimate efficacy of the combined use of the two direct-acting agents.”

Moreover, “Long-term risk of viral resistance with a two-drug-direct-acting regimen cannot be confidently assessed, because drug use was directly observed in a clinical trial unit, and only limited resistance testing was performed.”

Even if a treatment with 100% efficacy is ultimately developed, “what is unclear at this stage is whether HCV testing and treatment will penetrate to the prisons, drug-treatment centres, and other venues where many HCV-infected individuals are found and unknowingly harbour the virus,” he wrote.

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