Daclatasvir plus asunaprevir in the treatment of uremic patients with chronic hepatitis C genotype 1b infection

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To the editor: We read and appreciate the report of the executive summary of the 2018 KDIGO Hepatitis C in CKD Guideline in *Kidney International.*[1] Direct-acting antivirals are now the standard of care for chronic hepatitis C either in the general population or in patients with chronic kidney disease. A sustained virological response rate of >95% could be achieved with novel direct-acting antivirals. We acknowledge that the statement regarding the treatment recommendations should refer to the latest American Association for the Study of Liver Diseases (AASLD) or European Association for the Study of the Liver (EASL) guidelines. Daclatasvir (DCV) is a hepatitis C virus (HCV) nonstructural 5A protein inhibitor (NS5A), and asunaprevir (ASV) is a nonstructural 3 (NS3) protease inhibitor. Given the relatively suboptimal treatment response and prolonged 24-week treatment duration, DCV/ASV has never been recommended by Western guidelines. In Figure 1 of Jadoul *et al.*,[1] the regimen is listed as an option for HCV genotype 1a (HCV-1a) infection in patients with chronic kidney disease stage 4/5. However, the clinical utility of DCV/ASV should be limited to patients with HCV genotype 1b (HCV-1b) infection.[2] Indeed, a large postmarketing survey in Japan has shown that the treatment efficacy was only 80% in patients with HCV-1a receiving DCV/ASV.[3] Finally, the Asian Pacific Association for the Study of the Liver (APASL) has recently advocated the clinical practice in treating patients with renal impairment infected with HCV.[4] DCV/ASV has not been waived in Asia, but is left only for patients with HCV-1b without NS5A resistance–associated substitutions.

DISCLOSURE

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1. Jadoul M, Berenguer MC, Doss W, et al. Executive summary of the 2018 KDIGO Hepatitis C in CKD Guideline: welcoming advances in evaluation and management. *Kidney Int.* 2018;94:663–673.
2. Huang CF, Yeh ML, Huang CI, et al. Equal treatment efficacy of direct-acting antivirals in patients with chronic hepatitis C and hepatocellular carcinoma? A prospective cohort study. *BMJ Open.* 2019;9:e026703.
3. Suzuki F, Hatanaka N, Bando E, et al. Safety and effectiveness of daclatasvir and asunaprevir dual therapy in patients with genotype 1 chronic hepatitis C: results from postmarketing surveillance in Japan. *Hepatol Int.* 2018;12:244–253.
4. Kanda T, Lau GKK, Wei L, et al. APASL clinical practice recommendation: how to treat HCV-infected patients with renal impairment? *Hepatol Int.* 2019;13:103–109.

The authors reply: We thank Huang and Yu[1] for their clarification on the role of daclatasvir and asunaprevir in hepatitis C virus (HCV)–infected patients with chronic kidney disease. As they note, this regimen is most appropriate for patients infected with HCV genotype 1b as it is less efficacious in HCV genotype 1a.[2] This postmarketing study, published after the last update in May 2017 of the Kidney Disease: Improving Global Outcomes evidence review search, does provide useful additional information on the use of this regimen. Indeed, not only HCV genotyping should be performed but also the detection of resistance-associated substitutions that can diminish sustained virological response rates in HCV 1b.[2] As recommended in the Kidney Disease: Improving Global Outcomes guideline,[3] therapy for hepatitis C virus infection should always reflect the most recently updated guidelines from specialty societies including Asian Pacific Association for the Study of the Liver (APASL).[4]

1. Huang C-F, Yu M-L. Daclatasvir plus asunaprevir in the treatment of uremic patients with chronic hepatitis C genotype 1b infection. *Kidney Int.* 2020;97:615.
2. Suzuki F, Hatanaka N, Bando E, et al. Safety and effectiveness of daclatasvir and asunaprevir dual therapy in patients with genotype 1 chronic hepatitis C: results from postmarketing surveillance in Japan. *Hepatol Int.* 2018;12:244–253.
3. Jadoul M, Berenguer MC, Doss W, et al. Executive summary of the 2018 KDIGO Hepatitis C in CKD Guideline: welcoming advances in evaluation and management. *Kidney Int.* 2018;94:663–673.
4. Kanda T, Lau GKK, Wei L, et al. APASL clinical practice recommendation: how to treat HCV-infected patients with renal impairment? *Hepatol Int.* 2019;13:103–109.

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