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Letter to the Editor

Reply to "The choice of antiviral therapy for hepatitis C recurrence after liver transplantation in the real world"

Hepatitis C virus (HCV) infection is one of the major etiologies for liver transplantation. The recurrence of HCV is universal after liver transplantation. Because of post-transplantation immunosuppression, profound viral replication and rapid fibrosis progression in the engrafted liver could be anticipated if left untreated.[1]

Indeed, six (50%) of the patients in our treatment cohort have possessed advanced liver fibrosis, and three (25%) grafts have developed compensated liver cirrhosis at the time of initiating direct-acting antivirals (DAAs). Ideally, interferon-free DAAs should be commenced between 1 and 3 months post-transplant.[2] However, the major obstacle in the treatment of chronic hepatitis C is no longer the choice of regimes. Rather, the major concern and huddle is the restrained resources from the care providers.[3] The current study depicted the result of a paritaprevir/ritonavir/ombitasvir plus dasabuvir (PrOD) named-patient program for compassionate use upon the special population in 2015 when Taiwanese patients have no any other treatment choice supported by the national reimbursement.[4] Not until 2018 did HCV genotype 1 post-liver transplant patients have access to the first DAA, sofosbuvir/ledipasvir, provided by the National Health Insurance Administration of Taiwan. We demonstrated the satisfactory results of the real world experience of PrOD, in particular among patients with advanced liver disease. Although there are substantial drug—drug interactions between PrOD and immunosuppressive agents, all are manageable. Imperatively, thanks to the compassionate program, at least three-year gap of rapid fibrosis progression was saved on the engrafted liver of the twelve patients who rebirthed from liver transplantation.

Conflict of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jfma.2018.09.014.

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