

## LETTER TO THE EDITOR

### **THERAPY OF HEPATITIS C IN HEMODIALYSIS PATIENTS WITH PEGYLATED INTERFERON/ NEEDS MORE STUDIES FOR A CONCLUSION**

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The Editor,  
Dear Sir,

I read with interest the published article about pegylated interferon in haemodialysis patients [1]. Hepatitis C virus (HCV) infection is highly prevalent among patients on haemodialysis (HD) [2] and for the control of infection we should diagnose every infected case and treat for the eradication of HCV infection. This will allow us to reduce nosocomial transmission among the patients in hemodialysis centres [3, 4].

Standard interferon (IFN) with 6 or 12 months of therapy duration in haemodialysis patients has been investigated but the efficacy and safety of Pegylated IFN has been identified only in small and non-randomized prospective studies. It also appears that the addition of ribavirin to the therapeutic regimen can enhance the antiviral response; however, its optimal dose and determining safety profile needs more trials. Literature still lacks evidences on the outcome of renal transplants and the duration of SVR after transplantation. It is noteworthy that in five patients who received IFN monotherapy, SVR was not durable as anticipated and patients developed HCV viraemia even though they were PCR negative 6 months after completion of therapy. According to recent findings, individuals on dialysis with chronic hepatitis C who are treated with IFN or PEG-IFN alone can have a higher SVR rate than individuals with normal renal function have. The SVR of monotherapy with either IFN in normal kidney

patients is about 20%, almost half of which is seen in end-stage renal disease patients [5–9]. Reduced clearance of IFN and prolonged serum levels of interferon and a longer half-life may lead to a greater antiviral response. In chronic hepatitis C individuals with normal renal function, PEG-IFN plus ribavirin is an optimal therapeutic regimen; however, in dialysis patients the administration of ribavirin is still contraindicated and different IFN formulas are the only options available. According to our analysis (Alavian SM, Tabatabaee, SV. Standard Interferon & Pegylated Interferon in Chronic Hepatitis C Patients with End Stage Kidney Disease: *Meta-analysis 2009, INU In press*). PEG-IFN does not have any superiority to conventional IFN either in efficacy or safety. It is also evident that, one year of IFN monotherapy is not significantly different from 6 months duration of therapy.

In conclusion, almost one-fourth to one-third of dialysis patients with chronic hepatitis C can be successfully treated with conventional or pegylated IFN monotherapy.

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