中文題目：口服直接作用抗病毒藥物對於慢性C肝基因型第6型的治療效果

英文題目：Efficacy of direct-acting antiviral agents for chronic hepatitis C genotype-6

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***Background***: Chronic hepatitis C (CHC) is one of main causes of liver cirrhosis, hepatocellular carcinoma (HCC), and mortality. Eradicating hepatitis C virus (HCV) would improve long-term outcomes prominently. There are different direct-acting antiviral agents (DAAs), including Sofosbuvir (SOF) plus different NS5A inhibitors, as well as non-SOF-based DAAs, including glecaprevir/pibrentasvir (GLE/PIB), that have been approved for treating CHC genotype-6 (GT-6) patients in Taiwan. However, there is limited data regarding effectiveness of different agents. Therefore, we managed to evaluate the efficacy in patients with CHC GT-6 who received these DAAs treatment.

***Methods***: We retrospectively selected patients with CHC GT-6 who started to be treated with SOF-based DAAs or GLE/PIB at a single medical center during 2018 to 2020. Total 98 patients were registered and baseline characteristics were collected including underlying diseases and biochemical data. And some of the patients ever received peginterferon (Peg-IFN)±RBV treatment for HCV before (9.9%). Five patients lost follow-up and 22 patients are still under treatment currently. All of the patients were treated with either SOF/LDV (Ledipasvir) for 12 weeks, SOF/VEL (Velpatasvir) for 12 weeks, or GLE/PIB for 8 weeks. We evaluated the efficacy by whether sustained virological response (SVR) were achieved.

***Results***: Finally, 71 patients were enrolled for evaluation. In which, 23 patients were treated with SOF/LDV, 25 patients with SOF/VEL, 23 patients with GLE/PIB. The overall SVR rate were 100%. All of these regimens achieved SVR whether the patients had underlying cirrhosis (9.9%), hepatitis B virus (HBV) co-infection (8.5%), chronic kidney disease (CKD) (2.8%), end-stage renal disease (ESRD) (2.8%), human immunodeficiency virus (HIV) co-infection (16.9%), or previous treatment for HCV (11.3%).

***Conclusion***: For patients with CHC GT-6, SOF in combination with LDV, or VEL, as well as GLE/PIB may reach high efficacies regardless of underlying cirrhosis, HBV co-infection, CKD status, HIV co-infection, or previous treatment for HCV.