



History:

Received: Nov. 13, 2018
Accepted: Dec. 17, 2017
First Published: Dec. 21, 2018
Collection year: 2018
Status: Published

Identifiers and Pagination:

Year: 2018
Volume: 5
First Page: 1
Last Page: 2
Publisher ID: 24122580.5.1
Doi:
<http://dx.doi.org/10.21065/24122580.5.1>

Corresponding author:

Nida Taha M.Phil (Pharmacology)
Scholar, Riphah Institute of
Pharmaceutical Sciences, Riphah
International University Lahore,
Pakistan. E.: raonidataha@gmail.com

Citation:

Nida. The current challenge of HCV-
RNA resistance against Direct-Acting
Antiviral drugs. J App Mol Cell Bio:
2018.Vol. 5. p 1-2

Funding:

The authors received no direct funding
for this research.

Competing Interests:

The authors declare no competing
interests

Additional information is available at the
end of the article.

Mini-review

THE CURRENT CHALLENGE OF HCV-RNA RESISTANCE AGAINST DIRECT-ACTING ANTIVIRAL DRUGS.

Nida Taha¹, Bashir Ahmad²

1. M.Phil (Pharmacology) Scholar, Riphah Institute of Pharmaceutical Sciences, Riphah International University Lahore, Pakistan.
2. Professor of Pharmacology, Riphah Institute of Pharmaceutical Sciences, Riphah International University Lahore, Pakistan.

Key words: HCV-RNA, Resistance, Direct-Acting Antiviral.

The HCV-RNA (Hepatitis-C RNA) diagnosed patients are recommended interferon free Direct-Acting Antiviral (DAAs) therapy. Although the treated patients are reported viral resistance to DAAs, the genotype 3a infection is challenge to NS5A inhibitors leading to cirrhosis. Therefore, the patients with chronic Hepatitis-C treated with DAAs, nucleotide analogue inhibitors or NS5B protein have high risk of resistance. Breakthrough or relapse is not common with these drugs when used as monotherapy. NS3-4A protease inhibitors and non-nucleoside inhibitors have low susceptibility to resistance. Sofosbuvir-resistant variants have been discovered that disappear after treatment withdrawal. Patients who experience relapse after an INF-free treatment have large fraction of drug resistant viruses. [1].

The quantification of Hepatitis-C RNA has been made possible by means of commercial and standardized assays in mid 90's. These assays were used in retrospective and prospective cohort studies and also used in clinical trials. Currently, the most diagnostic and research laboratories used Real Time PCR (RT-PCR) based assays. In theory these methods give better analytical sensitivity, improved sensitivity, broader dynamic ranges of quantification, precision and reproducibility. [2,3] RT-PCR methods can detect and quantify minute amounts of circulating HCV RNA i.e, 12 IU/ml. This technique is used to assess the response to antiviral therapy. [4]

Genotype 3 infections can cause rapid development to cirrhosis and increased rates of hepatocellular carcinomas than other genotypes. Patients with genotype 3 infection have lower sustained virologic response rates than other genotypes treated with DAAs. Antiviral treatment for hepatitis C is changing rapidly. [5] Current therapy is based on direct acting antiviral agents due to their efficacy, improved safety and sustained virologic response. Though some patients show resistance to therapy.

References

1. Kohli A., & Shaffer A. Treatment of hepatitis C: a systemic review. Journal of the American Medical Association, 2014; 13;312(6). 631-40.
2. McEwan P., & Webster S. Estimating the cost-effectiveness of daclatasvir + sofosbuvir versus sofosbuvir + ribavirin for patients with genotype 3 hepatitis C virus. Japan Society of Hepatology, 2017; 46(5), 423-33.
3. Nitulescu R, Young J, Saeed S, Cooper C, Cox J, Martel-Laferriere V, Hull M, Walmsley S, Tyndall M, Wong A, Klein MB; Canadian Co-Infection Cohort Study. Variation in hepatitis C virus treatment uptake between Canadian centres in the era of direct-acting antivirals. Int J Drug Policy. 2018 Dec 26;65:41-49. doi: 10.1016/j.drugpo.2018.08.012.
4. Patoli BB, Patoli AA, Balani NK, Korejo AA. Molecular surveillance of HCV mono-infection and HCV-HBV co-infection in symptomatic population at Hyderabad, Pakistan. Afr Health Sci. 2018 Sep;18(3):531-538. doi: 10.4314/ahs.v18i3.9. PubMed PMID: 30602984; PubMed Central PMCID: PMC6307001.
5. Skladany L, Janceková D, Svac J. Hepatitis C virus antibodies in outpatients with chronic

kidney disease. Clin Exp Hepatol. 2018 Dec;4(4):267-270. doi: 10.5114/ceh.2018.80129



© 2018 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY) 4.0 license.

You are free to:

Share — copy and redistribute the material in any medium or format

Adapt — remix, transform, and build upon the material for any purpose, even commercially.

The licensor cannot revoke these freedoms as long as you follow the license terms.

Under the following terms:

Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made.

You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

No additional restrictions

You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits