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OPEN Peginterferon alfa-2a plus Weight-**Based or Flat-Dose Ribavirin for Treatment-Naïve Hepatitis C Virus** Genotype 2 Rapid Responders: **A Randomized Trial**

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The impact of ribavirin (RBV) dosage on sustained virologic response (SVR) rates remains elusive in hepatitis C virus genotype 2 (HCV-2) rapid responders receiving 16 weeks of peginterferon (Peg-IFN) plus RBV. Treatment-naïve HCV-2 patients with rapid virologic response (RVR) received Peg-IFN alfa-2a 180 µg/week plus weight-based RBV (1,000 or 1,200 mg/day; cut-off body weight: 75 kg) for 6 weeks, and then randomly received Peq-IFN alfa-2a 180µg/week plus weight-based (1,000 or 1,200mg/day; n=247) or flat-dose (800 mg/day; n=246) RBV for additional 10 weeks. The primary endpoint was SVR₂₄. Patients receiving weight-based and flat-dose RBV therapies had comparable SVR₂₄ rates (93.5% versus 91.9%, P=0.49). The risk differences (RDs) of SVR24 receiving weight-based and flatdose RBV arms were 7.1% [95% CI: 0.7% to 13.6%] in males, and -5.8% [95% CI: -12.1% to 0.5%] in females (interaction P = 0.01). The SVR₂₄ rate was higher in males receiving ≥ 13 mg/kg/day than those receiving <13 mg/kg/day (96.3% versus 85.1%, P=0.001). In conclusion, Peg-IFN alfa-2a plus weightbased or flat-dose RBV for 16 weeks provides comparable SVR₂₄ rates in treatment-naïve HCV-2 rapid responders. However, males should receive weight-based RBV to achieve a high SVR₂₄ rate.

Hepatitis C virus (HCV) infection remains the leading cause of cirrhosis, hepatic decompensation, hepatocellular carcinoma (HCC) and liver transplantation¹. While HCV genotype 2 (HCV-2) infection is

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