REFERENCES

1. Wong T, Lee SS. Hepatitis C: a review for primary care physicians. *CMAJ* 2006;174(5):649-59.
2. Poynard T, McHutchison J, Goodman Z, et al. Is an "a la carte" combination interferon alfa-2b plus ribavirin regimen possible for the first line treatment in patients with chronic hepatitis C? The ALGOVIRC Project Group [published erratum appears in *Hepatology* 2000;32:446]. *Hepatology* 2000;31:211-8.
3. Dalgard O, Bjoro K, Hellum KB, et al. Treatment with pegylated interferon and ribavarin in HCV infection with genotype 2 or 3 for 14 weeks: a pilot study. *Hepatology* 2004;40:1260-5.
4. Zeuzem S, Hultcrantz R, Bourliere M, et al. Peginterferon alfa-2b plus ribavirin for treatment of chronic hepatitis C in previously untreated patients with HCV genotypes 2 or 3. *J Hepatol* 2004;40:993-9.
5. Harrison SA, Brunt EM, Qazi RA, et al. Effect of significant histologic steatosis or steatohepatitis on response to antiviral therapy in patients with chronic hepatitis C. *Clin Gastroenterol Hepatol* 2005;3:604-9.
6. Poynard T, Ratziu V, McHutchison J, et al. Effect of treatment with peginterferon or interferon alfa-2b and ribavirin on steatosis in patients infected with hepatitis C. *Hepatology* 2003;38:75-85.
7. von Wagner M, Huber M, Berg T, et al. Peginterferon-alpha-2a (40KD) and ribavirin for 16 or 24 weeks in patients with genotype 2 or 3 chronic hepatitis C. *Gastroenterology* 2005;129:522-7.
8. Mangia A, Santoro R, Minerva N, et al. Peginterferon alfa-2b and ribavirin for 12 vs. 24 weeks in HCV genotype 2 or 3. *N Engl J Med* 2005;352:2609-17.

Competing interests: Dr. Pijak has received speaker fees and travel assistance from Hoffmann-La Roche and Schering-Plough.

DOI:10.1503/cmaj.1060092

[The authors respond:]

We agree with Drs. Khan and Sewell.

Dr. Khan raises several important issues about the treatment of patients with HCV genotypes 2 and 3, but we stand by our general conclusions. First, the largest randomized study of 24 versus 48 weeks of peginterferon and ribavirin treatment showed similar sustained virological response (SVR) rates for genotype 2/3 patients regardless of baseline viral load and histological stage.[1] Although not all studies find the same result, in practical terms whether or not one knows the degree of fibrosis or viral load generally does not affect the decision whether to treat or not. In other words, because of the high expected SVR, even in the cirrhotic genotype 2/3 patient with high viral load, we would still proceed to treatment.

Dr. Pijak's point about potentially shorter courses of treatment (12–16 wk) in genotype 2/3 patients with a rapid viral response (RVR), defined as undetectable HCV-RNA at week 4 is well taken. However, despite promising results from studies with relatively small sample sizes,[2-4] we believe it is still premature to adopt this strategy, even in patients with RVR. Our contention is based on the results of the large multicentre ACCELERATE study recently presented at the European Association for Study of Liver annual meeting.[5] This study randomized 1469 genotype 2/3 patients to 16 or 24 weeks of treatment. The 16-week treatment group showed a significantly lower SVR rate compared to the 24-wk group (intention-to-treat analysis, 62% v. 70%; $p = 0.004$).

We agree that there are probably subgroups of highly-responsive patients with both genotypes 2/3 and 1 who may benefit from shorter courses of treatment, but feel that such groups have yet to be definitively identified.

Samuel S. Lee
University of Calgary
Calgary, Alta.
Tom Wong
University of Ottawa
Public Health Agency of Canada
Ottawa, Ont.

REFERENCES

1. Hadziyannis S, Sette H, Morgan T, et al. Peginterferon-α2a and ribavirin combination therapy in chronic hepatitis C: a randomized study of treatment duration and ribavirin dose. *Ann Intern Med* 2004;140:346-55.
2. Dalgard O, Bjoro K, Hellum KB, et al. Treatment of pegylated interferon and ribavirin in HCV infection with genotype 2 or 3 for 14 weeks: a pilot study. *Hepatology* 2004;40:1260-5.
3. Von Wagner M, Huber M, Berg T, et al. Peginterferon α2a (40KD) and ribavirin for 16 or 24 weeks in patients with genotype 2 or 3 chronic hepatitis C. *Gastroenterology* 2005;129:522-7.
4. Mangia A, Santoro R, Minerva N, et al. Peginterferon α2b and ribavirin for 12 vs 24 weeks in HCV genotype 2 or 3. *N Engl J Med* 2005;352:2609-17.
5. Shiffman M, Pappas S, Nyberg L, et al. Peginterferon α2a (Pegasys) plus ribavirin (Copegus) for 16 or 24 weeks in patients with HCV genotype 2 or 3. Final results of the ACCELERATE trial [abstract]. *J Hepatol* 2006;44(Suppl 2):S271.

DOI:10.1503/cmaj.1060114

Corrections

In the unabridged version of a research article on planned cesarean versus planned vaginal births,[1] there was an error in Table 3. The data should be presented as mean (SD) [median], not midpoint as indicated.

REFERENCE

1. Palencia R, Gafni A, Hannah ME, et al.; for the Term Breech Trial Collaborative Group. The costs of planned cesarean versus planned vaginal birth in the Term Breech Trial. *CMAJ* 2006;174(8). DOI:10.1503/cmaj.050796.

DOI:10.1503/cmaj.060700

The DOI published with a recent research article[1] was mistakenly listed as 10.1503/cmaj.060044. It should have been 10.1503/cmaj.060664.

In this same article, the following sentence should have been the first one in the contributors statement for "The first two authors (Suh JW & Koo BK) equally contributed to this work ."

REFERENCE

1. Suh JW, Koo BK, Zhang SY, et al. Increased risk of atherothrombotic events associated with cytochrome P450 3A5 polymorphism in patients taking clopidogrel. *CMAJ* 2006;174(12):1715-22.

DOI:10.1503/cmaj.060701

The DOI published with a letter to the editor[1] was mistakenly listed as 10.1503/cmaj.060066. It should have been 10.1503/cmaj.1050244.

REFERENCE

1. Hoey J. Unnecessary exposure? [letter]. *CMAJ* 2006;174(4):499-500.

DOI:10.1503/cmaj.060702