

Erratum to: Elbasvir/grazoprevir for treatment of chronic hepatitis C virus infection

Chandana Papudesu¹ · Shyamasundaran Kottilil² · Shashwatee Bagchi² 

Published online: 31 December 2016
© Asian Pacific Association for the Study of the Liver 2016

Erratum to: Hepato Int
DOI 10.1007/s12072-016-9761-2

In the original publication, some entries in Table 2 are incorrect. The corresponding text under the subsection, Phase 3 studies, paragraph 6 in page 7 is also incorrectly published as GT subtype SVR12 rates were 60% for GT1a, 40% for GT1b, 13% for GT4, and 1% for GT6 infected patients. It should read as (GT1a 94%, GT1b 95%, GT4 96%, and GT6 100%).

The corrected version of Table 2 is provided below.

The online version of the original article can be found under doi:[10.1007/s12072-016-9761-2](https://doi.org/10.1007/s12072-016-9761-2).

✉ Shashwatee Bagchi
sbagchi@som.umaryland.edu

¹ Department of Medicine, Augusta University, Augusta, GA, USA

² Division of Infectious Diseases and Institute of Human Virology, University of Maryland School of Medicine, Room N359, 725 West Lombard Street, Baltimore, MD 21201, USA

Table 2 Summary of phase III clinical trials

Study	Population	Prior treatment history	Treatment arms and duration	SVR rates
C-EDGE TN: double-blind, randomized controlled trial [27]	GT1, GT4 OR GT6 TN with or without cirrhosis (<i>n</i> = 421)	None	GZR 100 mg + EBR 50 mg for 12 weeks in cirrhotic and non-cirrhotic patients Placebo arm for 12 weeks	Overall: 95% (95% CI, 92–94%) GT1a: 92%; GT1b: 99% GT4: 100% GT6: 80% Cirrhotics 97% vs non-cirrhotics 94%
C-EDGE CO-INFECTION: open-label, single-arm trial [28]	GT1, GT4 OR GT6 TN with or without cirrhosis HCV/HIV-1 co-infection (<i>n</i> = 218)	HIV ART TN or ART ^a stable for at least 8 W	GZR 100 mg + EBR 50 mg in HCV/HIV co-infected cirrhotic or non-cirrhotic patients for 12 weeks	Overall: 96% (95% CI, 92–98%) GT1a: 94%; GT1b 95% GT4: 96% GT6: 100%
C-EDGE TE: open-label, randomized controlled trial [28, 29, 34]	GT1, GT4, OR GT6 TE with or without cirrhosis (<i>n</i> = 420) TE with or without cirrhosis and HIV-1 co-infection	PEG-IFN + RBV	GZR 100 mg + EBR 50 mg ± RBV in cirrhotic and non-cirrhotic patients for 12 OR 16 weeks	Overall results (12 weeks): 92% (95% CI, 85–96%) for GZR/EBR only treated patients GZR/EBR without ribavirin (12 weeks): GT1a: 90 % (12 weeks); 93% (16 weeks) GT1b: 100% (12 weeks); 95% (16 weeks) GT4: 77% (12 weeks); 60% (16 weeks) GT6: 75% (16 weeks) Cirrhotics, all GT: 89% (12 weeks); 92% (16 weeks) Non-cirrhotics, all GT: 94% (12 weeks); 92% (16 weeks) Overall results (12 weeks): 94% (95% CI, 87–97%) for GZR/EBR + RBV GT1a: 93% (12 weeks) vs 94% (16 weeks) GT1b: 96% (12 weeks) vs 100% (16 weeks) GT4: 93% (12 weeks) vs 100% (16 weeks) GT6: 100% (16 weeks)
C-SURFER: double-blind randomized controlled trial [31]	GT1 TN OR TE with or without cirrhosis and CKD 4 or 5 (<i>n</i> = 224)	TE-PEG-IFN with or without RBV	GZR 100 mg + EBR 50 mg for 12 weeks in TN and TE cirrhotic and non-cirrhotic patients with CKD 4 or 5 Placebo arm for 12 weeks	Overall: 99% (95% CI, 95–100%) Cirrhotic (100%) vs non-Cirrhotic (99%)

TN treatment-naïve, GT genotype, GZR grazoprevir, EBR elbasvir, ART antiretroviral therapy, TE treatment experienced, PEG-IFN pegylated interferon, RBV ribavirin, CKD chronic kidney disease

^a ART: Tenofovir or abacavir + emtricitabine or lamivudine + raltegravir, dolutegravir or rilpivirine