Correction to: Ledipasvir–Sofosbuvir for 8 Weeks in Non-Cirrhotic Patients with Previously Untreated Genotype 1 HCV Infection ± HIV-1 Co-Infection

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The original version of this article unfortunately contained a mistake. The correct information is given below.

Page 242, Section 3.3, 1st paragraph, which previously read:

Baseline virologic resistance was assessed in all patients, except for one patient with HCV mono-infection who had other virologic outcome ($n = 124$). NS5A was successfully deep-sequenced in all 124 patients. At baseline, 2% (3/124) of patients had NS5A RASs using a 15% assay cut-off; one genotype 1b-infected patient had the L31M RAS, and two

genotype 1b-infected patients had the Y93H RAS. NS5B was successfully deep-sequenced in 123 patients; NS5B amplification failed in one patient co-infected with genotype 1 HCV and HIV. Thirty-four genotype 1b-infected patients had L159F NS5B NI RAS present at baseline using a 15% assay cut-off. All patients with baseline RASs achieved SVR12. None of the patients who relapsed had any RASs at baseline or time of virologic failure.

Should read:

Baseline virologic resistance was assessed in all patients, except for one patient with HCV mono-infection who had other virologic outcome ($n = 125$). NS5A was successfully deep-sequenced in all 125 patients. At baseline, 3% (4/125) of patients had NS5A RASs using a 15% assay cut-off; one genotype 1b-infected patient had the L31M RAS, and three genotype 1b-infected patients had the Y93H RAS. NS5B was successfully deep-sequenced in 124 patients; NS5B amplification failed in one patient co-infected with genotype 1 HCV and HIV. Thirty-five genotype 1b-infected patients had L159F NS5B NI RAS present at baseline using a 15% assay cut-off. All patients with baseline RASs achieved SVR12. None of the patients who relapsed had any RASs at baseline or time of virologic failure.

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