

**COMMENT ON: PREVALENCE OF HEPATITIS C VIRUS INFECTION AND THE IL28B GENOTYPE POLYMORPHISM AMONG BLOOD DONORS AND HIGH-RISK POPULATIONS**

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Dear Sir,

We would like to comment on the article entitled 'Prevalence of hepatitis C virus infection and the IL28B genotype polymorphism among blood donors and high-risk populations'.<sup>(1)</sup> Soh et al mentioned that "*The high prevalence of the favourable IL28B CC genotype in our hepatitis C virus (HCV)-infected population suggests that the PEG-IFN+RBV combination therapy remains a viable treatment option in selected situations or individuals.*"<sup>(1)</sup> In fact, the effect of IL28B genotype polymorphism on antiviral treatment for HCV is well demonstrated. The study of genotypes might help predict the response to treatment in HCV-infected cases. However, there are also other human polymorphisms that can affect the response to HCV treatment. Good examples are polymorphisms of toll-like receptors.<sup>(2)</sup> In addition to host factor, the variant of the HCV is also observable and may relate to the response to the treatment. For example, the HCV NS3-Q80K polymorphism is strongly related to the response to EG-IFN+RBV combination therapy.<sup>(3)</sup> A single host polymorphism study alone may not lead to a conclusive recommendation on the use of EG-IFN+RBV combination therapy. It is, therefore, necessary to consider several polymorphisms and interrelation between human and pathogen polymorphisms.

Yours sincerely,

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