Aims & Scope:
Hepatitis C virus (HCV) infects more than 185 million individuals worldwide, 20% of chronically infected (HCV+) patients progress to cirrhosis, and 74% show extrahepatic manifestations. Advances in understanding HCV chronic infection and the associated inflammatory processes (involving a complex network of cytokines and chemokines) have led to substantial advancements in the therapy. Combination therapy (PEGylated-interferon-alpha and ribavirin), used in HCV+ patients for more than a decade, shows limited effectiveness and severe adverse effects. Recently, direct antiviral agents (protease or polymerase inhibitors, or NS5A inhibitors) have been used, resulting in better efficacy and tolerance, and a shorter treatment duration. Polymorphisms in the region of the interleukin-28B gene, and circulating CXCL10 levels, are associated with the clearance of HCV after PEGylated-interferon-alpha treatment, with/without direct antiviral agents. Understanding the host and viral factors associated with viral clearance is necessary for individualizing therapy, to increase the overall benefits with respect to its costs.

Key words:
Hepatitis C virus; HCV extrahepatic manifestations; direct antiviral agents; new therapeutic targets; cytokines; chemokines; microRNA

Subtopics:
Innate and adaptive immune response in HCV chronic infection.

Role of interferons in therapy of HCV chronic infection.

Chemokines in the pathogenesis and as therapeutical targets of HCV chronic infection, and HCV extrahepatic manifestations.

Role of microRNA in pathogenesis and as markers of HCV chronic infection.

Therapies of HCV associated mixed cryoglobulinemia.

Direct antiviral agents in HCV chronic infection.

Role of molecular diagnosis for the management of HCV chronic infection in the era of direct antiviral agents.


Antiviral agents in HCV extrahepatic manifestations.

Personalization of therapies in HCV extrahepatic manifestations.

Schedule:
Manuscript submission deadline: End of May 2015

Peer Review Due: June 22, 2015

Revision Due: July 20, 2015

Notification of acceptance by the Guest Editor: August 3, 2015

Final manuscripts due: September 7, 2015