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Conflict of interest

AG has received consultancy fees from Mylan, and educational and grant support from Gilead. MG has received grants and fees for speaker bureaux, advisory boards and CME activities from BMS, ViiV, MSD, AbbVie, Gilead, Janssen and Roche. GP, FC and CB have nothing to declare.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors' contribution

All of the authors were involved in writing the manuscript, have approved the final version as submitted, and have agreed to be accountable for all aspects of the work.

Supplementary data

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HCV detection is possible during SARS CoV-2 testing; and throughout COVID-19 vaccination?

To the Editor:

Despite notable advances in the diagnosis and treatment of hepatitis C, it remains a substantial health problem. In the absence of an effective vaccine, the key elements for HCV elimination are the reduction of risk behaviors, a wide availability of HCV screening tests and unrestricted access to treatment.¹

Unfortunately, the COVID-19 pandemic has made access to diagnosis and linkage to care extremely difficult, comprising a potential barrier that could prevent us from achieving HCV elimination, as recently demonstrated.² However, all crises bring opportunities, and linking HCV screening to SARS-CoV-2 management throughout the screening or vaccination processes may be one of them.³

In this regard, we read in detail the pilot project run by Giacomelli *et al.* in the North of Italy, wherein they took advantage of the painful COVID-19 situation.⁴ Giacomelli *et al.*'s study was designed to follow an opt-in protocol. This design may be

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affected by low/moderate engagement, as was observed in their project, with an engagement rate of below 50%. Nevertheless, they reported that half of those who tested positive were unaware of their viral status. On the other hand, considering that social and health characteristics may vary across different geographical areas, the opt-out screening approach is also a useful alternative that has been proven to be successful and cost-effective.⁵ Thus, strategies such as healthcare-associated electronic alerts or even automatic referrals for positive cases are very likely to provide an adequate linkage to care.⁶

However, the usefulness of this new model in terms of improving healthcare access must be prospectively evaluated. In this regard, some items that must be clearly evaluated are both the acceptance and compliance of the pre-established follow-up schedule, as well as the degree of satisfaction. None of these relevant issues were reported in the work by Giacomelli *et al.*

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Conflict of interests

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Freiburg index of post-TIPS survival (FIPS) a valid prognostic score in patients with cirrhosis but also an advisor against TIPS?

To the Editor:

With great interest we read the excellent article by Bettinger and colleagues. In their well-designed study the authors proposed the newly developed Freiburg index of post-TIPS survival (FIPS) as a valuable tool for risk stratification before transjugular intrahepatic portosystemic shunt (TIPS) implantation.¹ The establishment of robust criteria for the selection of patients eligible for TIPS is crucial. Bettinger *et al.* collected a large, multicenter TIPS cohort and convincingly demonstrated the high prognostic capacity of the FIPS score for post-TIPS survival in various subgroups of patients including those with refractory ascites. However, a control

group consisting of patients with refractory ascites, who were treated with paracentesis instead of TIPS, was not included. The FIPS score consists of age as well as bilirubin, creatinine and albumin, which are all well-known parameters associated with survival in patients with advanced liver disease. Thus, it remains unclear whether the FIPS score is specific for post-TIPS survival or rather predicts outcome in patients with decompensated cirrhosis in general. Moreover, because of the lack of a control group it is not possible to conclude whether TIPS insertion itself has any impact (beneficial or adverse) on survival in patients with high or low FIPS scores. As a result, it remains uncertain to what extent FIPS scores can help to select patients for TIPS.

We aimed to address these remaining questions by using 2 different patient cohorts from Hannover Medical School, the Hannover TIPS cohort and the Hannover Ascites cohort. The Hannover TIPS cohort currently consists of 256 patients with

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