EFFECTIVENESS OF GLECAPREVIR/PIBRENTASVIR FOR THE TREATMENT OF CHRONIC HEPATITIS C

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INTRODUCTION AND OBJECTIVES

The availability of new pangenotypic direct-acting antiviral (DAA) combinations has simplified the treatment of chronic hepatitis C.

Clinical trials have shown high rates of sustained virological response (SVR), but there is a **paucity of data in a real-life context**.

Our purpose is to assess the effectiveness of glecaprevir/pibrentasvir (GLE/PIB), a pangenotypic DAA combination, for the treatment of hepatitis C virus (HCV) infection.

MATERIALS AND METHODS

- A **retrospective observational** study for patients treated with GLE/PIB during 8 or 12 weeks between November 2017-April 2018 in a reference hospital.

- Variables analysed: sex, age, genotype, previous HCV therapy, HIV co-infection, METAVIR score (F0-F4) and DAA treatment duration.

Effectiveness was evaluated as **SVR12** (HCV-RNA titres <15 IU/mL 12 weeks after the end of treatment (post12)).

Data were collected from medical records and the database of drug dispensation by hospital pharmacists.

RESULTS

101 patients were included, most of them men (59%). Median age was 51 years (22-74) and 26% of patients were HIV co-infected.

Genotype distribution (figure 1) was G1a (30%); G1b (19%); G1 no-subtyped (1%); G2 (4%); G3 (28%) and G4 (18%) and in terms of fibrosis grade (figure 2) was F4 (12%); F3 (10%); F2 (20%); F0-F1 (58%). Eleven patients had failed prior treatment (10 with interferon therapy and 1 with sofosbuvir/ledipasvir). Patients received GLE/PIB for 8 weeks (n=88) or 12 weeks (n=13).

At the end of treatment one patient had positive viral load (VL), (G3, naïve, F2, monoinfected, 8 weeks of treatment).

At **post12,** data on VL was available in 91 patients. Eighty nine patients have eliminated HCV infection and <u>two rebounded</u>. Ten patients had not yet VL analysed (3 were lost to follow-up and 7 will be available soon).

Per protocol analysis, the **rate of SVR was 97%** (95% CI 94-100), 97% in monoinfected vs 96% in co-infected patients (figure 3).

The **most common adverse events** were fatigue and headache, although treatment was well tolerated (85% any adverse event).

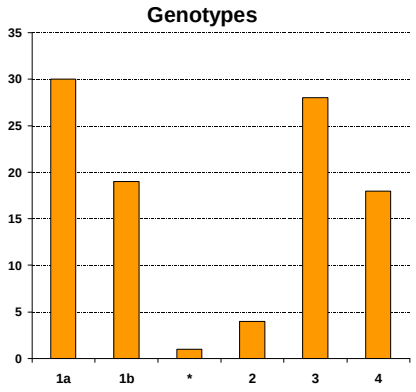


Fig 1. Genotype distribution. *Genotype 1 no-subtyped.

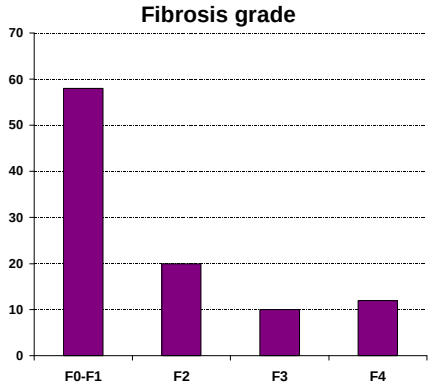
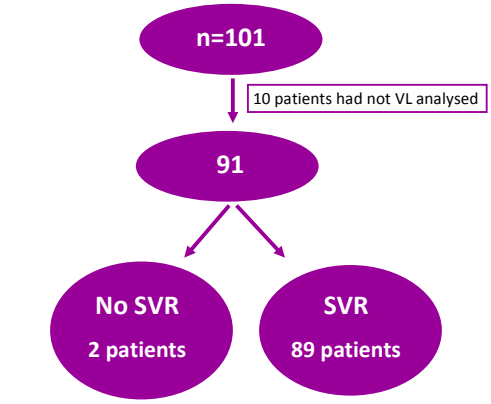


Fig 2. Fibrosis grade.



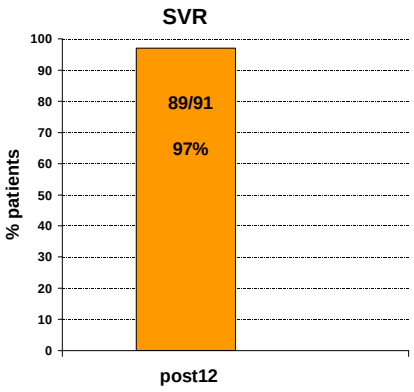


Fig 3. Rate of SVR.

<u>Patient 1</u>: G3, naïve, F0, monoinfected, 8 weeks of treatment.

<u>Patient 2</u>: G2, naïve, F0, co-infected, 8 weeks of treatment

CONCLUSIONS

The combination GLE/PIB, a pangenotypic NS3/4A protease inhibitor and NS5A inhibitor combination, was effective with a high SVR12 rate, 97%. Co-infected and monoinfected patients had a similar response with an optimal safety profile.

ACKNOWLEDGEMENTS

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