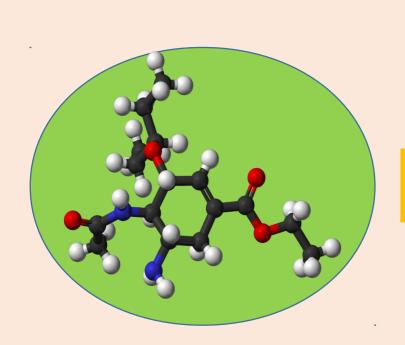


4CPS-087 ASSESSMENT OF THE DIRECT ACTING ANTIVIRALS USED TO TREAT THE HEPATITIS C VIRUS GENOTYPE 1 INFECTION IN A TERTIARY HOSPITAL

HOSPITAL PHARMACISTS - SHOW US WHAT YOU CAN DO!

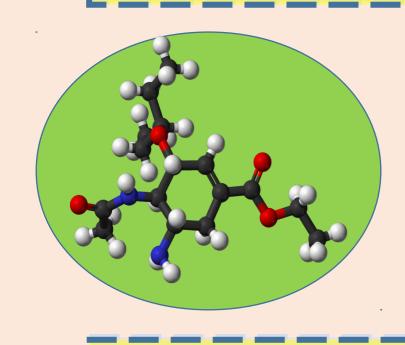
21st - 23rd March 2018 | Gothenburg, Sweden

<u>Villalobos Torres L., Del Río Valencia J.C., Asensi Díez R., Muñoz Castillo I. SERVICIO DE FARMACIA HOSPITAL REGIONAL UNIVERSITARIO DE MÁLAGA</u>



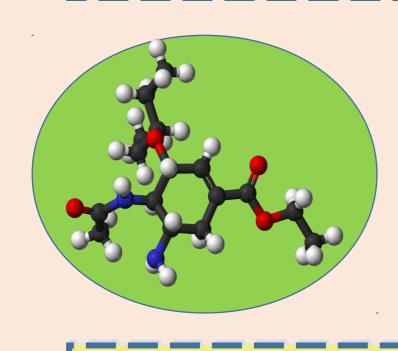
BACKGROUND

Hepatitis C is a serious disease with high prevalence, leading the causes of liver transplantation, being genotype-1 the most common and aggressive kind of virus. The development of well tolerated and highly effective combinations of direct acting antivirals (DAAs) for hepatitis C virus (HCV) dramatically has changed the therapeutic landscape.



PURPOSE

Assessing of the effectiveness of sofosbuvir/ledipasvir (SOF/LDV), dasabuvir/paritaprevir/ombitasvir/ritonavir (DSV/PTV+R/OBV), and sofosbuvir/simeprevir (SOF+SIM) used for the treatment of the hepatitis C virus genotype-1 infection..



MATERIAL AND METHODS

Retrospective and observational study during year 2015.

- Inclusion criteria: Patients with HCV genotype-1 infection treated for 12 weeks either with SOF/LDV or SOF+SIM or (DSV/PTV+R/OBV), during study period.
- Exclusion Criteria: Patients with no data available, deaths or without clinical adherence

Outcomes collected:

Demographics: age and sex.

•Clinical data:

1.basal viral load (BVL).

2.SVR at week 12 (SVR12).

3.METAVIR score: F0-F4.

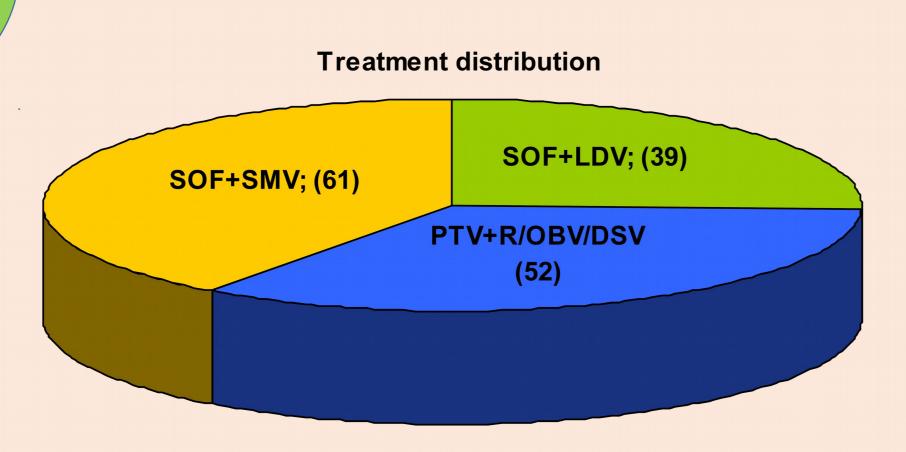
4.Liver transplant.

5.HIV co-infection.

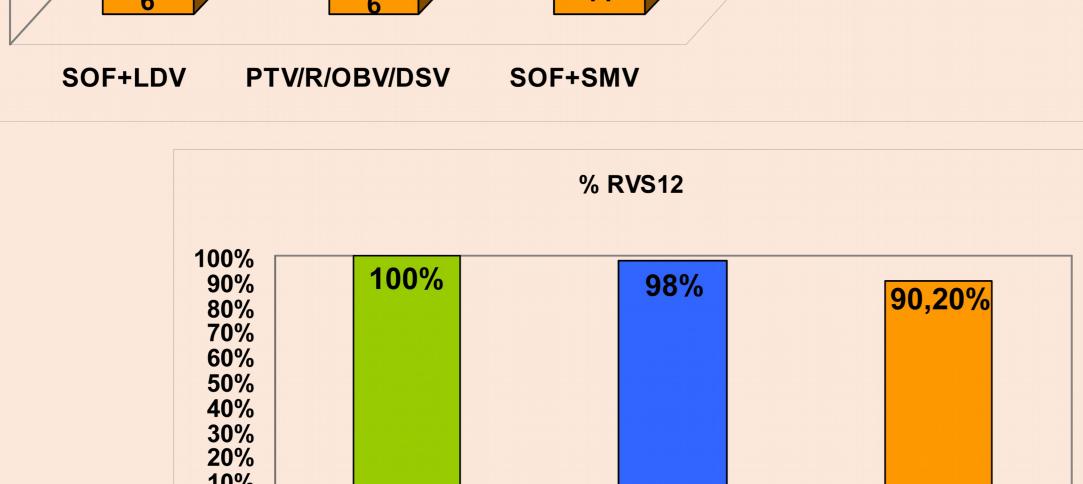
6.previous treatments for HCV.

7. subgenotype

RESULTS



Genotype distribution



PTV/R/OBV/DSV

□ GT 1-B

□ gt 1-A

SOF+SMV

GT1

Treatment with (SOF/LDV)

39 patients were included (64% male) with mean age of 60.3±9.1 years. METAVIR score: F4-F3 (74,35%); and F2-F1 (25.65%)
Subgenotypic distribution was: 15.4% gt-1, 28.2% gt.1-A, 56.4% gt.1-B 17.9% patients were HIV- coinfected and 25.6% was liver transplanted.
51.3% were pretreated with ribavirin/peginterferon and 76.9% had a basal VL> 800,000 UI/mI.

All patients (39/39) achieved SVR12

Treatment with (SOF+SIM):

61 patients (59% male) were included with mean age 56.3±10 years. METAVIR score: F4-F3 (88.5%); F2-F1 (11.5%) Subgenotypic distribution: 23% gt-1, 21.3% gt.1-A, 55.7% gt.1-B

Subgenotypic distribution: 23% gt-1, 21.3% gt.1-A, 55.7% gt.1-B HIV-coinfected patients (16.4%), pretreated with ribavirin/peginterferon (65.6%) and 70.5% had basal VL>800,000 UI/ml.

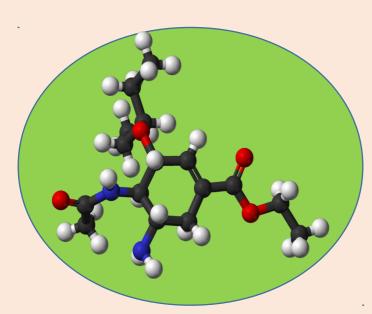
90.2% (55/61) achieved SVR12

Treatment with (PTV+R/OBV/DSV):

52 patients (67.32% male) were included with mean age 55.2±10 years. METAVIR score: F4-F3 (75%); F2-F1 (25%).

Subgenotypic distribution: 11.5% gt-1, 21.1% gt.1-A, 67.4% gt.1-B HIV-coinfected patients 30.8%, pre-treated with ribavirin/peginterferon 30.8% and 57.7% had basal VL>800,000 UI/ml.

98% (51/52) achieved SVR12.



CONCLUSION

SOF+LDV

The SVR12 rates achieved in this study with the treatments SOF/LDV, SOF/SMV and PTV_{+R}/OBV/DSV match the results obtained in published clinical trials ION-1,2,3; SAPPHIRE 1-2, PEARL 2-3-4, TURQUOISE 2-3; and COSMOS/OPTIMIST; respectively. These results indicating an excellent response to the AADs, and allowing us to see a horizon of eradication of VHC disease.

ACKNOWLEDGEMENTS

No conflict of interest

<u>agmail.com</u>

J05 - Antivirals for systemic use