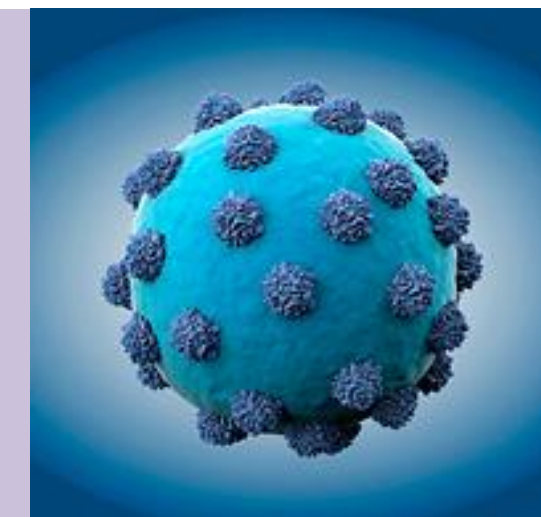


# HAEMATOLOGICAL AND CUTANEOUS ADVERSE EVENTS ASSOCIATED WITH CHRONIC HEPATITIS C TREATMENT



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## BACKGROUND:

In the last few years, new drugs (Boceprevir and Telaprevir) have been approved for treatment of Chronic Hepatitis C (HCV) Genotype 1 infection.

Triple Therapy (TT) (Boceprevir or Telaprevir + peginterferon + ribavirin) has proven to be more effective than dual therapy (peginterferon+ribavirin), but TT is associated with high rate of adverse events (AE), mainly cutaneous and haematological events, which can affect adherence to treatment.

## PURPOSE:

To study the frequency of cutaneous and haematological AE in patients with HCV treatment in our hospital.

## METHOD:

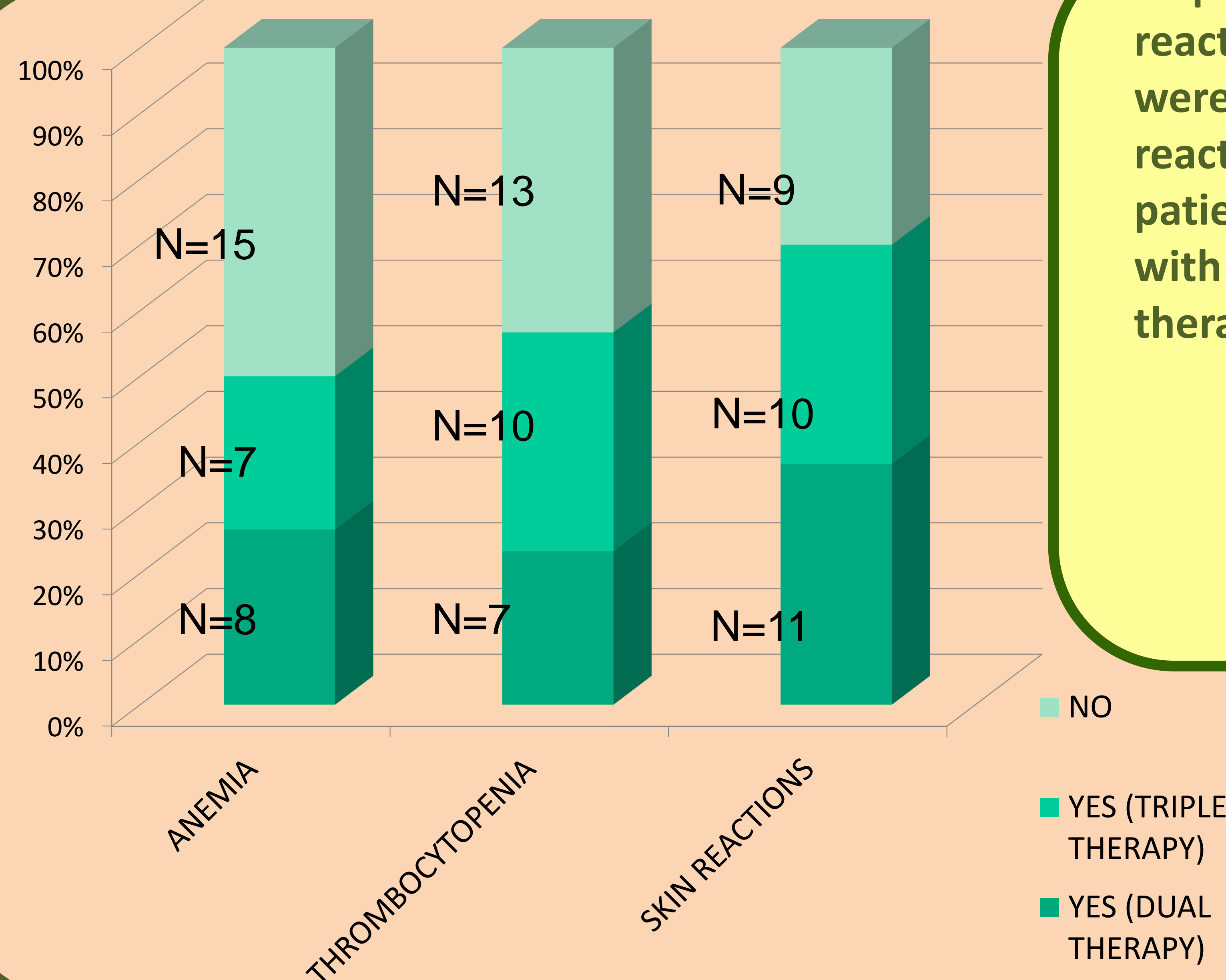
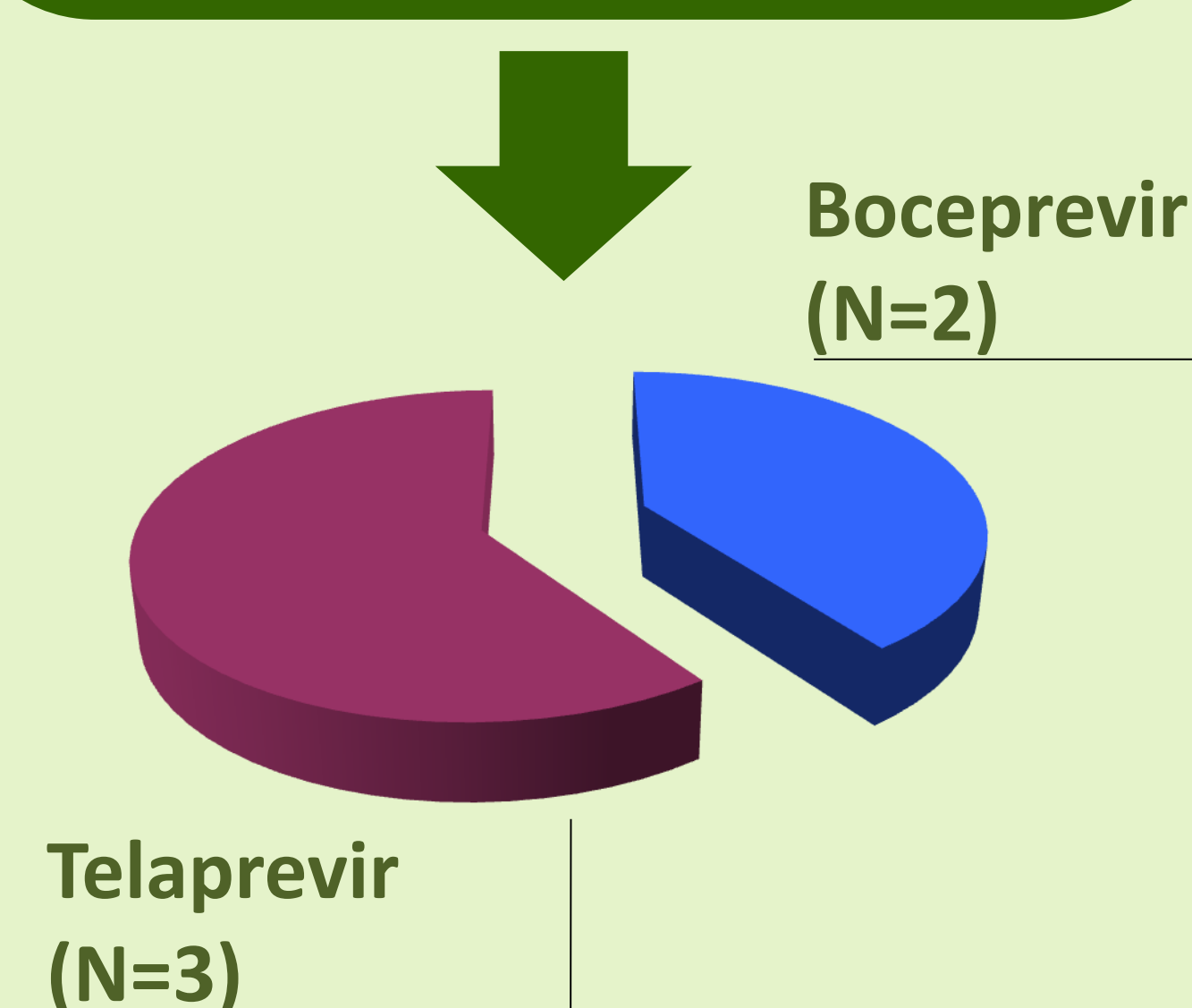
Retrospective observational study in which authors collected cutaneous and haematological AE reported by all HCV treated patients between January 2013 and April 2014. The CTCAE V 4.0 scale was used to evaluate the severity of AE.

## RESULT:

30 patients received HCV treatment, 18 men and 12 women. The average age was  $46.5 \pm 8.4$  years. 13 (43.3%) were treated with TT: 6 with telaprevir and 7 with boceprevir.

No patient required transfusion or erythropoietin treatment. Only one patient required peginterferon dose reduction to 135 mcg because he had a platelet count  $< 50,000/\mu\text{L}$ .

7 with TT had anemia, which became Grade 2 ( $<10$  g/dL) in 5 patients. These five patients required ribavirin dose reduction.



21 patients (70%) had skin reactions, of which 10 (47.6%) were treated with TT. Skin reactions became Grade 2 in 6 patients with TT in comparison with 2 patients with dual therapy.



## CONCLUSIONS:

- > The frequency of observed cutaneous and haematological AE in our study fits our expectations concerning to the published studies.
- > Considering the higher cost of these treatments and the higher risk of non-adherence due to their AE, pharmacotherapy follow-up on these patients is essential.