

CURRENT STATE OF RETREATMENT OF HEPATITIS C INFECTION IN PATIENTS WHOM PRIOR THERAPY FAILED IN A HEPATITIS REFERRAL CENTRE

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ANTIVIRALS FOR SYSTEMIC USE

BACKGROUND

- 1) The World Health Organization calls for the eradication of Hepatitis C Virus (HCV) by 2030
- 2) Direct-Acting Antivirals (DAAs) drugs promise:
 - 1) shorter treatment times
 - 2) higher cure rates
 - 3) fewer side effects
- 3) Still, some patients failed to achieve Sustained Virological Response (SVR) after DAAs regimens
- 4) Experts recommend retreatment based on an individual decision of multidisciplinary team (MDT)

PURPOSE

- The aim of this study was to describe the cases of our hospital's patients who failed to achieve SVR after DAAs regimens

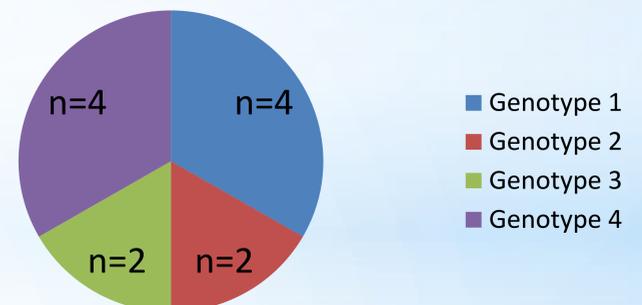
MATERIAL AND METHODS

- The study of the MDT reports between February 2014 and July 2018 allowed us to identify retreated patients who failed to achieve SVR after DAAs regimens
- Patient information was collected based on analysis of consultations reports of the hepatology departement:
 - Age
 - Sex
 - Viral genotype
 - Co-infection with hepatitis B virus (HBV) and / or human immunodeficiency virus (HIV)
 - Cirrhosis
 - Presumed cause of failure of the first treatment with DAA

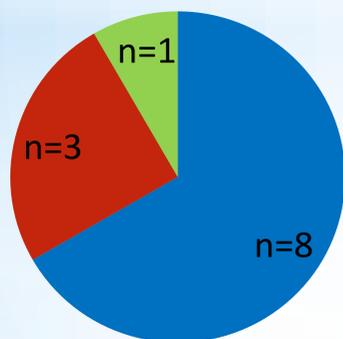
RESULTS

- Between February 2014 and July 2018, 385 cases were evaluated by the MDT
- 12 patients were retreated after failure to achieve SVR after DAAs regimens
- Mean age: 57±12 years
- Sex ratio M/F: 1.4
- Cirrhosis: 4 patients
- Co-infected with HBV: 1 patient
- Co-infected with HIV: 2 patients

Genotypes found in patients retreated

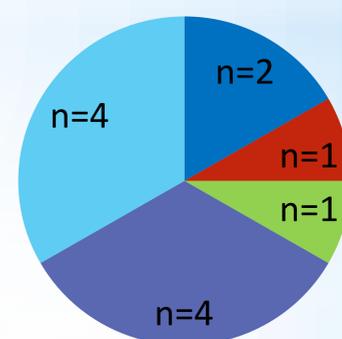


Molecules used for first DAA treatment



- NS5B+NS5A inhibitors: Sofosbuvir+Daclatasvir (n=3)
Sofosbuvir+Ledispavir (n=2)
Sofosbuvir+Velpatasvir (n=3)
- NS5A+NS3 inhibitors: Elbasvir+Grazoprevir (n=2)
Ombitasvir+Paritaprevir (n=1)
- NS5B+NS5A+NS3 inhibitors: Dasabuvir+Ombitasvir+Paritaprevir (n=1)
- Four treatments were associated with Ribavirine
- Presumed cause of failures for all patients: HCV resistance to NS5A inhibitors
- Other causes of resistances (non-compliance, drug interactions, re-infection, premature discontinuation) have been discarded

Molecules used for retreatment



- 2016-2017
 - NS5B+NS3 inhibitors: Sofosbuvir+Simeprevir (n=2)
 - NS5B+NS5A inhibitors: Sofosbuvir+Velpatasvir with Ribavirine (n=1)
 - NS5A+NS3 inhibitors: Pibrentasvir+Glecaprevir (n=1)
- 2018
 - NS5B+NS5A+NS3 inhibitors: Sofosbuvir+Pibrentasvir+Glecaprevir with Ribavirine (n=4)
 - NS5B+NS5A+NS3 inhibitors: Sofosbuvir+Velpatasvir+Voxilaprevir (n=4)
- During retreatment, the duration of treatment was lengthened and/or ribavirin was added

CONCLUSION

- Failed SVR were mainly caused by NS5A mutations
- Second-generation DAAs marketing approval has allowed retreatment of several patients
- Therapeutic strategies for retreatment comply with European Association of the Study of the Liver guidelines
- However, these patients should be monitored closely to evaluate SVR

REFERENCES AND/OR ACKNOWLEDGEMENTS

- EASL Recommendations HCV 2018

