

EFFECTIVENESS OF GLECAPREVIR/PIBRENTASVIR IN REAL-WORLD CLINICAL PRACTICE FOR CHRONIC HEPATITIS C INFECTION

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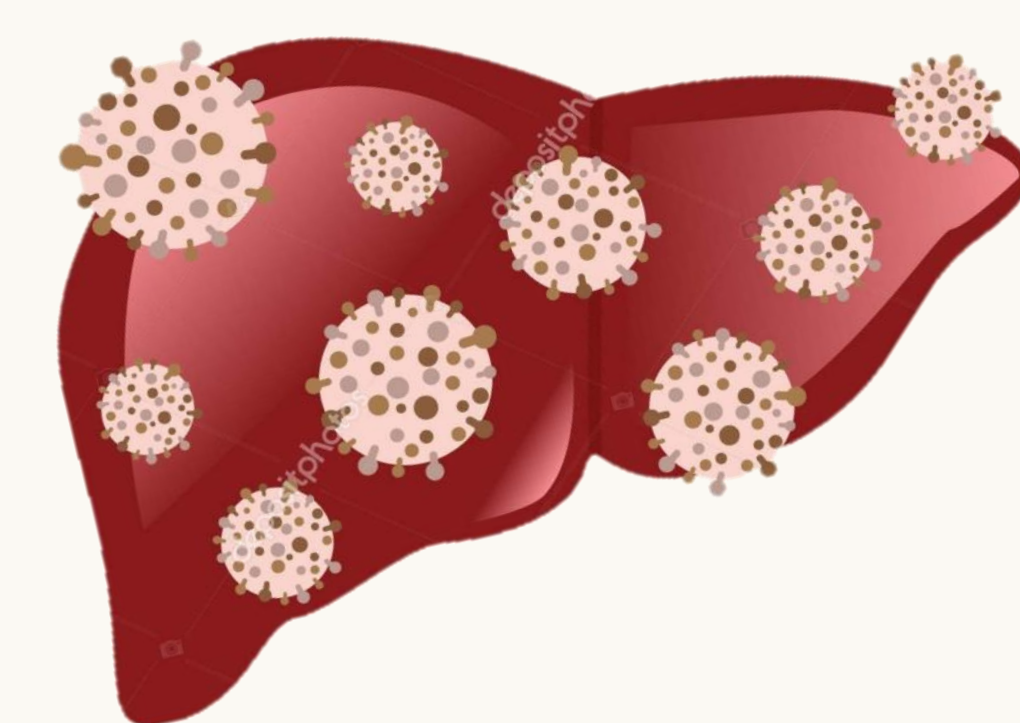
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Background

- Glecaprevir/pibrentasvir (G/P) is a [Pangenotypic
Once-daily
Ribavirin-free
Direct-acting antiviral] treatment for **hepatitis C virus (HCV)** infection in patients with and without compensated cirrhosis.

Objective

- To assess the effectiveness of G/P treatment in patients with HCV infection in routine clinical practice.



Methods

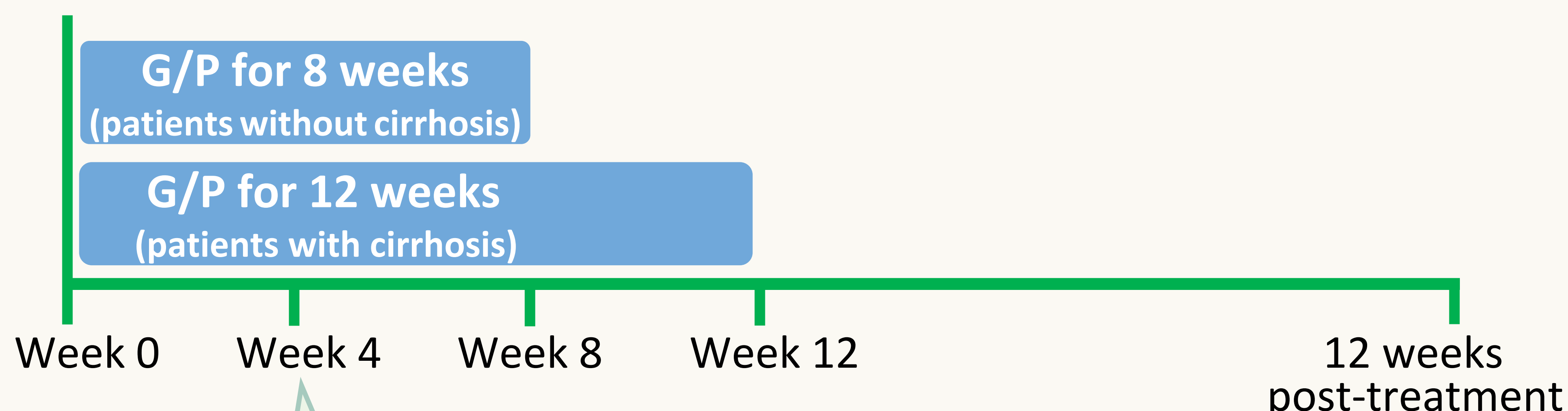
- Observational retrospective study.
- Set in a tertiary-level hospital.
- Patients with HCV infection treated with G/P between November 2017 and April 2018 were included.
- Collected variables:

Demographic data:	Clinical variables:	Baseline viral load
Age, gender and race	Transmission route of HCV infection	Stages of liver fibrosis
Adjusted Morbidity Group (AMG)	Previous treatment status	Viral load after 4 weeks of treatment (VL4)
	HCV genotype	Sustained virological response (SVR12)

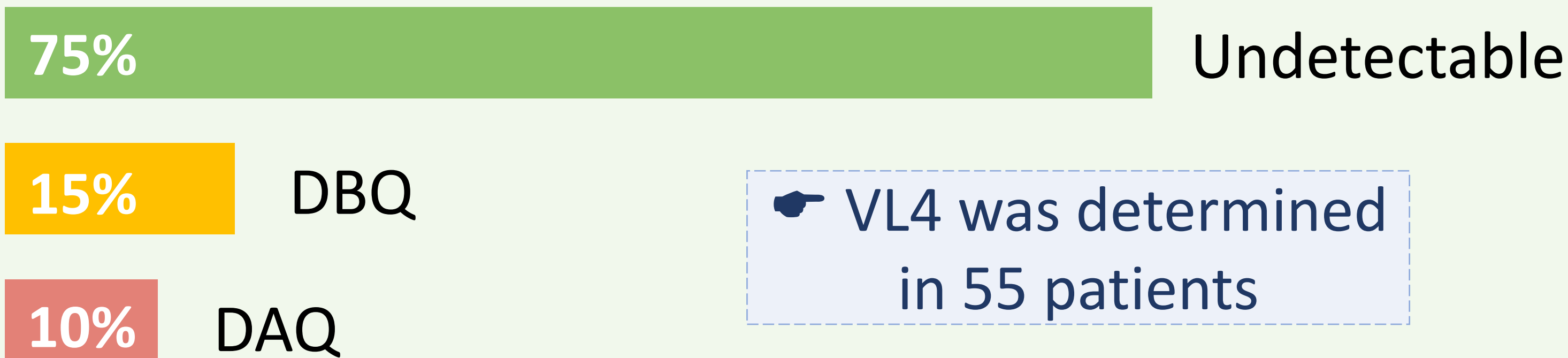
Results

Demographic and clinical data (N=110)

Mean age (years ± SD)	55 ± 12
Men	51 (46%)
European	105 (95%)
Transmission route of HCV	
Unknown	57 (52%)
Blood transfusion	19 (17%)
Intravenous drug use	14 (13%)
Nosocomial	11 (10%)
Other routes	9 (8%)
Naive	82 (75%)
Most common HCV genotypes	
1b	72 (65%)
1a	21 (19%)
Mean baseline viral load (IU/ml)	3.18 million
Fibrosis degree	
F0-F1	86 (78%)
F2	20 (18%)
F3-F4	4 (4%)
Most frequent AMG	
2	47 (42%)
3	26 (23%)

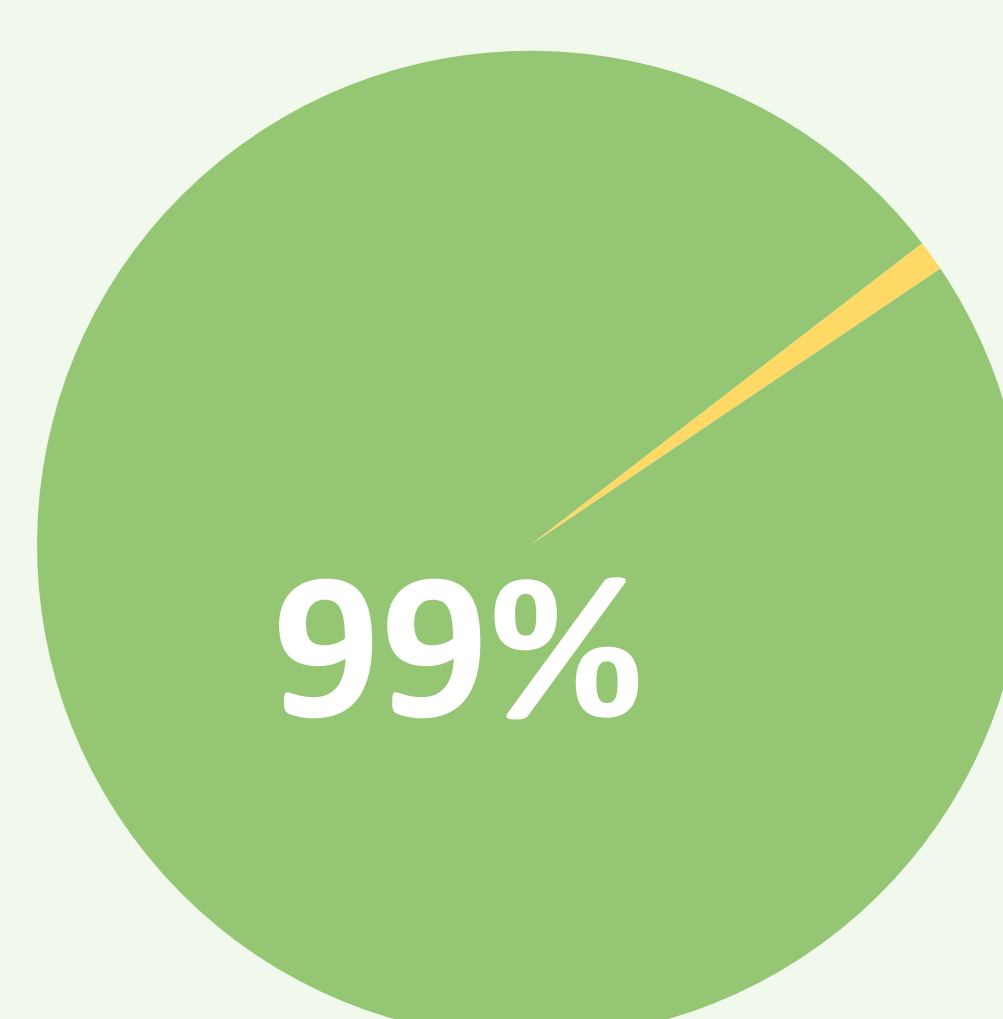


Viral load after 4 weeks of treatment (VL4)



DBQ: Detectable Below Quantification (viral load < 15 IU/mL)
DAQ: Detectable Above Quantification (viral load > 15 IU/mL)

Sustained virological response (SVR12)



- SVR12 was achieved by 109 patients (99%).
- In one patient results were not available due to loss of follow-up.

SVR12: Undetectable HCV RNA level 12 weeks after stopping G/P

Conclusions

- G/P is associated with high SVR12 rates in real-world setting; similar results were obtained in clinical trials.

