

# Simeprevir and Sofosbuvir for treatment chronic infection with hepatitis C virus.

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## Purpose

To evaluate the effectiveness of the combination simeprevir plus sofosbuvir in HCV patients.

## Material and methods

Retrospective and observational study between October 2014 and March 2015.

**Inclusion Criteria:** Patients with HCV infection treated with SOF+SMV during the study. **Exclusion Criteria:** Patients with no data were available. **Variables:** Demographics: Age and sex. **Clinical:** Basal viral load (VL), rapid virological response (HCV RNA undetectable 4 weeks after the start of treatment), VL week 12 and sustained virological response at week 12 (SVR12) defined as HCV RNA titres lower than 15 IU/mL. **Metavir scores:** F0-F4. Liver transplant, HCV genotype, HIV co-infection, previous treatments for HCV.

### Data source:

Data were collected from medical records of patients

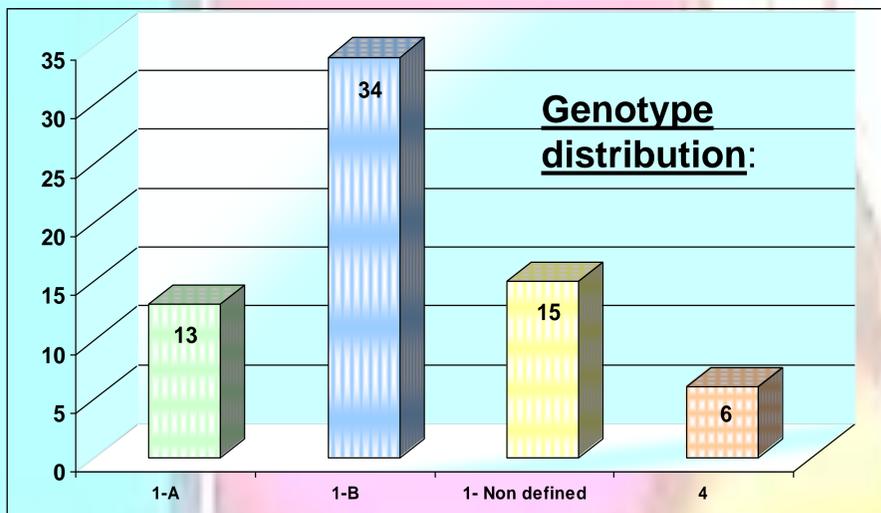
## Results

68 patients were included (42 male), with an average age of 55.7±9.9 years.

Rapid virological response (week 4), was achieved in 85.29% of patients. At week 12, 98.53% of the patients had HCV RNA undetectable. Only one patient had a VL of 266 IU/mL.

SVR12 was achieved in 88.24% (60/68) of the patients. The rapid virological response and SVR12 rates in our study are consistent with those obtained in the COSMOS study (rapid virological response 81% and SVR12 93% in the ITT population in both treatments cohorts).

Previous treatment with Peg-IFN+Ribavirine	<u>Treated:</u> 66.17% (45/68)	<u>Naive:</u> 33.82% (23/68)
HIV-1 Co-infected	<u>Co-infected:</u> 19.12% (13/68)	<u>Only HCV:</u> 80.88% (55/68)
Liver transplant	<u>Transplanted:</u> 17.65% (12/68)	<u>Not transplanted:</u> 82.35% (56/68)
METAVIR Score distribution	<u>F4:</u> 69.12% (47/68) <u>F3:</u> 16.18% (11/68) <u>F2-F1:</u> 11.76% (8/68) <u>F0:</u> 2.94% (2/68)	
Basal Viral Load (UI/ml)	<u>&lt;800.000:</u> 29.4% (20/68)	<u>&gt;800.000:</u> 70.6% (48/68)



## Conclusions

The combination of simeprevir and sofosbuvir was effective in non-responders and treatment-naive patients with chronic infection with hepatitis C virus genotype 1 and 4.