SERVIZO GALEGO de SAÚDE | Xerencia Xestión Integrada A Coruña

eahp — european association of hospital pharmacists

27th – 29th March 2019 | Barcelona, Spain
PERSONALISED HOSPITAL PHARMACY
Meeting the needs of every patient
Registration and abstract submission open 1 August 2018

REAL-LIFE DIRECT-ACTING ANTIVIRALS EFFECTIVENESS COMPARATIVE STUDY IN HIV-HEPATITIS C VIRUS COINFECTED PATIENTS

L.MA GUSINO-F AMIÑÁN[1], C.MONDELO-GA CÍA[1], V.GIMÉNEZ-A UFE[1], N.FE NÁNDEZ-BA GIELA[1], C.FE NÁNDEZ-OLIVEI A[1], S. OTEA-SALVO[1], P.CID-SILVA[1], A.MENA-DE-CEA[2], A.CAST O-IGLESIAS[2].

Pharmacy[1], Internal Medicine[2], Instituto de Investigación Biomédica de A Coruña (INIBIC), Complexo Hospitalario Universitario de A Coruña (CHUAC), Servizo Galego de Saúde (SE GAS). As Xubias, 84. 15006 A Coruña, Spain.

Background

❖ Chronic Hepatitis C treatment has dramatically changed since Direct-Acting Antivirals (DAAs) Approval.
❖ Data available from DAAs clinical trials have shown its efficacy and safety, even with HIV coinfected patients, whose virologic response rates were between 92 - 98 %.

Objective

Our purpose was to compare DAAs real-life effectiveness between HCV infected patients versus HIV - HCV coinfected patients.

Methods

Prospective cohort study authorised by Health System Investigation Commitee
Data sources: Electronic medical records, Intelligent Monitoring System (SiMON).

✓ *Inclusion criteria*: Chronic Hepatitis C patients treated with DAAs between 1st April 2015 – 1st January 2018.
✓ *Main variables*: Gender, age, HIV coinfection, previous treatment, hepatic transplantation, cirrhosis, fibrosis grade, viral genotype, baseline viral load, antiviral treatment and sustained virological response 12 weeks post-treatment (SVR12).
✓ *Statistical Method*: Descriptive analysis to compare SVR12 patients and relapsed patients. Fisher exact test and Mann-Whitney test were used to calculate statistical signification.

Results

1313 Patients

172 HIV-HCV coinfected (13%)

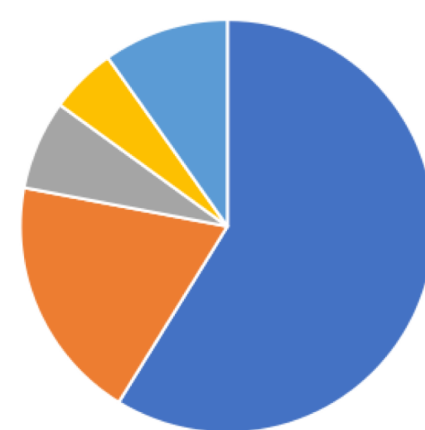| Mean age: 49,2 years old	
73.0 %	Males
66.2 %	HCV Genotype 1 infected
23.8 %	Cirrhotics (F4)
20.1 %	F3 fibrosis grade
34.3 %	F2 fibrosis grade
20.9 %	F0-1 fibrosis grade
22.6 %	HCV-treatment experienced

SOF/LED±RBV 58.8 %
SOF/DCV±RBV 19.2 %
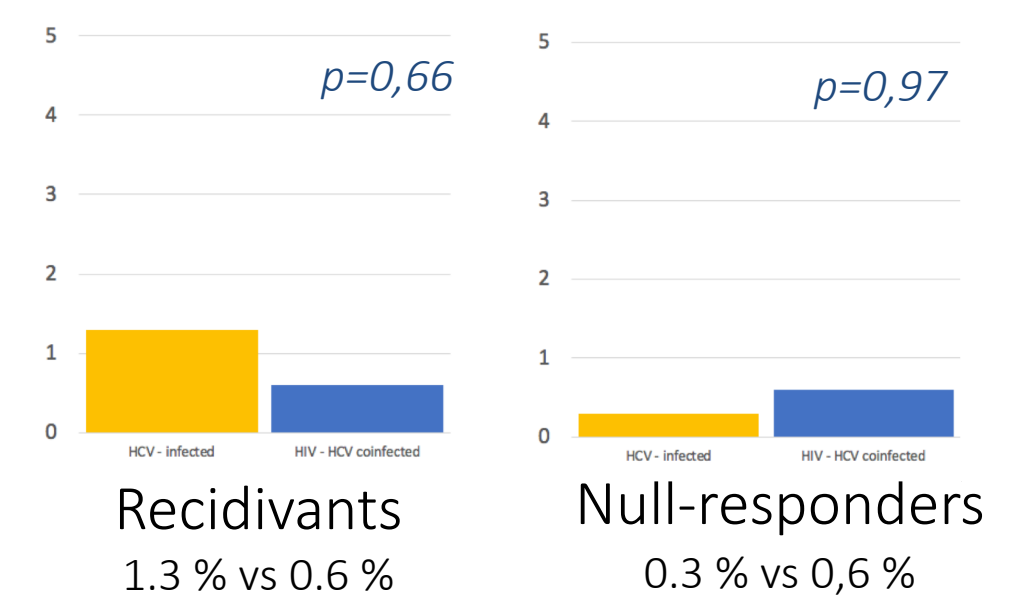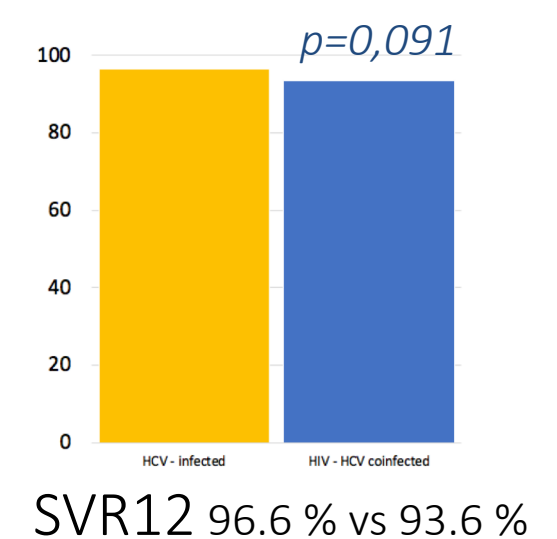*SOF/VEL 7.0 %*
SOF/SIM±RBV 5.2 %
Others 8.1 %

Treatment lenght	8w	12w	24w
	5.2%	**79.1%**	15.1%

No clinical or statistical critical basal differences related with DDAs effectiveness between HCV infected or HIV - HCV coinfected patients (p>0.05).

EFFECTIVENESS
(HCV infected vs HIV - HCV coinfected)

p=0,091

SVR12 96.6 % vs 93.6 %

Recidivants 1.3 % vs 0.6 % — p=0,66

Null-responders 0.3 % vs 0,6 % — p=0,97

Conclusions

✓ Real-life DAAs effectiveness results in our cohort are similar to those observed in clinical trials.
✓ There are not clinical or statistical differences between monoinfected and HIV - HCV coinfected patients.
✓ HIV Coinfection is not a decisive factor against DAAs response.

5PSQ-040