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EVALUATION OF PATIENT, VIRUS AND TREATMENT BASELINE FACTORS AFFECTING THE EFFECTIVENESS OF DIRECT ANTIVIRAL AGENTS AGAINST THE HEPATITIS C VIRUS

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Background

- Chronic Hepatitis C (CHC) treatment has radically changed with the commecialization of direct-acting antivirals (DAAs) for hepatitis C virus (HCV) with high levels of safety and effectiveness.
- Available data from clinical trials reveal that **baseline factors** at the beginning of treatment which can influence treatment results are basically:

Viral genotype, Previous treatments (naive or pretreated), Baseline viral load, Degree of fibrosis

Objective

To identify patient, virus or treatment baseline factors which can influence antiviral treatment effectivenes obtained with DAAs in real clinical practice.

Methods

Prospective observational study of patients with CHC who initiated and completed antiviral treatment for 12 or 24 weeks, between **1st April 2015 and 1st January 2017**

Exclusion criteria: Patients from penitentiary centres.
Main variable: sustained virological response (SVR12).
Covariates: gender, age, HIV coinfection, previous treatment, liver transplantation, cirrhosis, fibrosis, viral genotype, baseline viral load and antiviral treatment.
Statistical method: descriptive analysis comparing patients with SVR12 and patients with relapse. Statistical signification was calculated with the Fisher exact test and Mann-Whitney test.
Ethics: this Study was authorised by the Health System Investigation Committee

Results

- ✓ **798 patients**
- ✓ **Mean age: 58 ± 12 years-old**
- ✓ **63.4% men**
- ✓ **14% HIV coinfected**
- ✓ **4.7% liver transplantation**
- ✓ **Median basal viral load: 1,475,595 UI/mL**
- ✓ **83% DAAs treatment for 12 weeks**

HCV genotypes		%
G1	No subtype	4.4%
	G1A	23.6%
	G1B	42.9%
G2		5.3%
G3		13.5%
G4		10.3%

Fibrosis degree	
F0-1	9.5%
F2	33.1%
F3	27.4%
F4	30.0%

Median adherence to DDAs 100%

Treatments	%
Sofosbuvir/Ledipasvir	49.7%
Paritaprevir/Ombitasvir/Ribavirin/Dasabuvir	25.1%
Sofosbuvir/Daclatasvir	14.1%
Others	11.1%

None of the analyzed basal covariates significantly influences SVR12, except gender (p=0,03), since all the relapsers were men.

Only 9 patients repalsed to treatment → **SRV 98,7%**

The lowest SVR12 were obtained for genotype 3 (96,9%) **and for sofosbubir/daclatasvir** (95,9%)

Conclusions

- This prospective study in a large population of patients demonstrates the high effectiveness of treatment with DAAs against HCV in real clinical practice.
- Neither genotype, nor baseline viral load, nor degree of fibrosis, nor previous treatments nor any other variable except gender, have had influenced on SVR12.

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