PRACTICAL UTILITY OF ITPA GENOTIPATION IN A TERTIARY HOSPITAL

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OBJETIVES

Here we compare the incidence of anemia, the reduction of ribavirin (RBV) dose and the use of darbepoetin in patients treated with Boceprevir or Telaprevir before and after the implantation of ITPA genotipation in a tertiary care hospital

METHODS

RETROSPECTIVE,OBSERVATIONAL STUDY A TERTIARY CARE HOSPITAL

December'12 — Sep'14

Pharmacotherapeutic records were reviewed

-age,
-sex,
-basal Hb,
-nadir Hb,
-ITPA genotype,
-reduction of ribavirin dose,
-use of darbepoetin,
-fibroscan

ITPA genotipation

VS

No Genotipation

RESULTS

1		ITPA (n=18)	Pre ITPA (n=35)
Age	51,2	48,8	52,5
Sex			
Male	39 (73,6%)	14 (77,8%)	25 (71,4%)
Female	14 (26,4%)	4 (22,2%)	10 (28,6%)
Previous response to treatment			
Naïve	14 (26,4%)	9 (50%)*	5 (14,3%)
Relapser	22 (41,5%)	8 (44,4%)	14 (40%)
Non Responder	17 (32,1%)	1* (5,6%)	16 (45,7%)
IL28b			
CC	9	2	7
CT	30	11	19
TT	11	5	6
Fibroscan (Kpa)	15,86	12,25*	17,6
Basal Hb (g/dL)		16,9*	15,3

2	ITPA (n=18)	Pre ITPA (n=35)
ITPA Genotipe		
CC	2 (11,1%)	
AC	0	
AA	16 (88,9%)	
RBV dose	911.11 ± 184.35 mg*	1017.14 ± 163.5 mg
Patients with reduction	9 (50%)	16 (45,7%)
% Reduction	28,5%	28,75%
Nadir Hb (g/dL)	11,1	
Severe Anemia	6 (33,3%)	14 (40%)
Darbepoetin	4 (22.2%)	12 (34.3%)

1. Baseline Characteristics
2. Results

* P<0,05 vs. Non genotiped group

CONCLUSIONS

Although a lower percentage of darbepoetin use suggests the practical utility of this resource, a higher percentage of patients experienced anemia after ITPA genotipation was available**.** This can be explained as the percentage of RBV dose reduction which was lower than before genotipation even though 90% of patients were CC (pro-anemia) genotype. Greater emphasis should be placed on this resource.