

HEPATITIS C VIRUS TREATMENT-RELATED ANEMIA AND ITS ASSOCIATION WITH HIGHER SUSTAINED VIROLOGIC RESPONSE RATE

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OBJETIVES

Some authors have described that Among Hepatitis C Virus (HCV) genotype 1-infected patients treated with bitherapy, anemia was associated with higher rates of Sustained Virologic Response (SVR) as well as the use of erythropoiesis-stimulating agents. We investigated the relationships among treatment outcomes, anemia, and their management with Ribavirin dose reduction and/or darbepoetin in patients treated with Boceprevir (BOC) or Telaprevir (TLV) in a tertiary hospital.

METHODS

RETROSPECTIVE, OBSERVATIONAL STUDY A TERTIARY CARE HOSPITAL

December'12

May'13

Pharmacotherapeutic records were reviewed

-age,
-sex,
-basal Hb,
-Anemia (Hb<10,5 g/dL),
-reduction of ribavirin dose,
-use of darbepoetin.

↑ SVR

VS

↓ SVR

Variable	TLV (n=23)	BOC (n=13)
SVR	16 (69.5%)	9 (69.2%)
Total Anemia	9 (39.1%)	8 (61.5%)
Anemia in SVR	7 (43,8%)	5 (55.6%)
RBV dose reduction	8 (34.8%)	8 (61.5%)
Darbepoetin	6 (26.1%)	6 (46.1%)

RESULTS

36 patients were studied (26 men and 10 women). 23 (63.8%) patients were treated with TLV and 13 (36.2%) with BOC. Data shown in Table. 12 patients (33.3%) used darbepoetin (6 (26.1%) for TLV and 6 (46.1%) for BOC); 8 of these 12 (66.6%) patients showed SVR, 1 relapsed and 3 abandoned treatment due to adverse events (4 (66.6%) for TLV and 4 (66.6%) for BOC).

CONCLUSIONS

1. Among our genotype 1-infected patients treated with BOC or TLV anemia was not associated with higher rates of SVR.
2. Patients with darbepoetin did not have higher rates of SVR.
3. Percentages of SVR were similar between TLV and BOC.