25 years from discovery to cure Hepatitis C: A retrospective analysis of a cohort of patients

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Background

In Portugal it is estimated that hepatitis C incidence is 1/100000/year and the prevalence of 1.5% with a diagnostic rate of 30%.
The evolution of therapy has been noted since 2011, with the introduction of protease inhibitors, which increased remission rates from 40% up to 70% but with significant side effects and drug interactions. In 2014, with the NS5A and B inhibitors are expected cure rates above 80%, with an associated investment which could reach values in the order of 50 000 €.

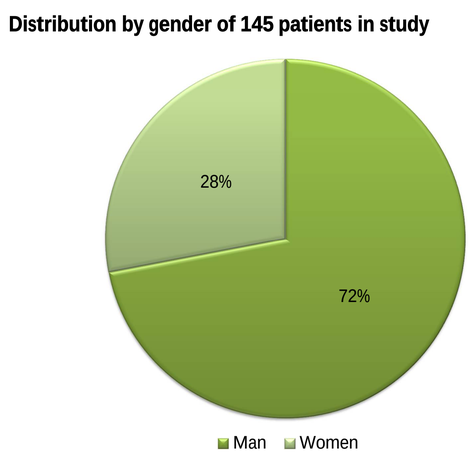
Purpose

Evaluation of efficacy, tolerability and costs of NS5A/B polymerase inhibitors regimens in a cohort study of hepatitis C patients.

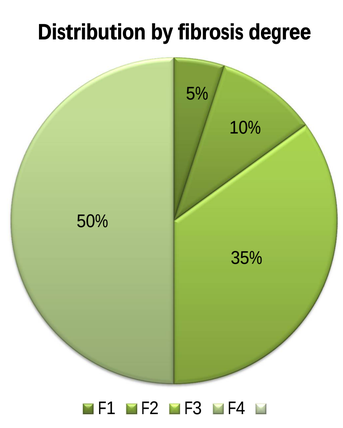
Materials and Methods

A retrospective observational study. Were considered patients who have completed treatment with ledipasvir/sofosbuvir (LDV/SOF), sofosbuvir (SOF), daclatasvir/sofosbuvir (DCV/SOF), simepravir/sofosbuvir (SMV/SOF), with or without Peg interferon/ribavirin (PEG/RIB).
It is considered an exclusion criterion the treatment discontinuation.
Data from pharmaceutical consulting and computer applications SAM and SGICM. Determination of RNA by Real time PCR (10-15 IU / ml). It is considered a rapid virologic response at 4 weeks and sustained response when 12 weeks after cessation of treatment the viremia remains undetectable. Fibrosis was evaluated by transient elastography.

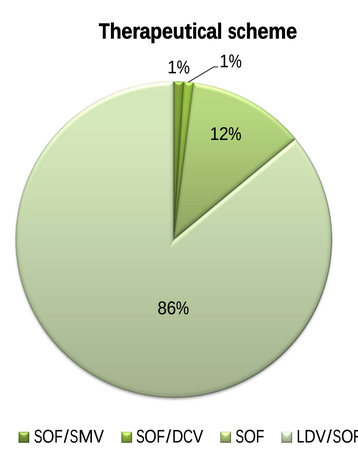
Results



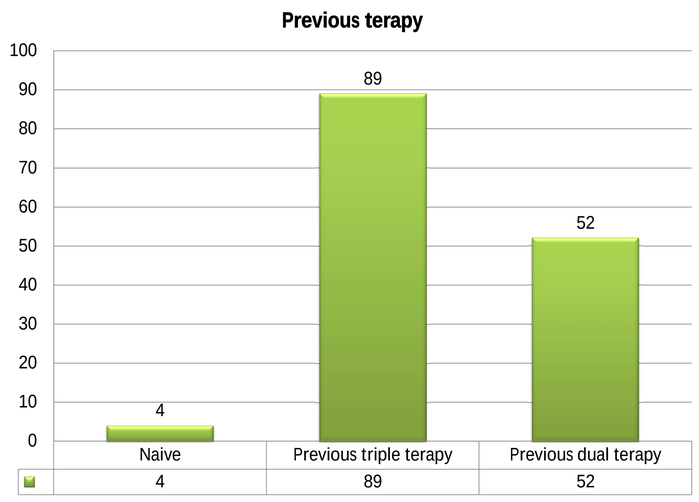
Grafic1. Distribution by gender of 145 patients in study



Grafic 2. Distribution by Fibrosis degree



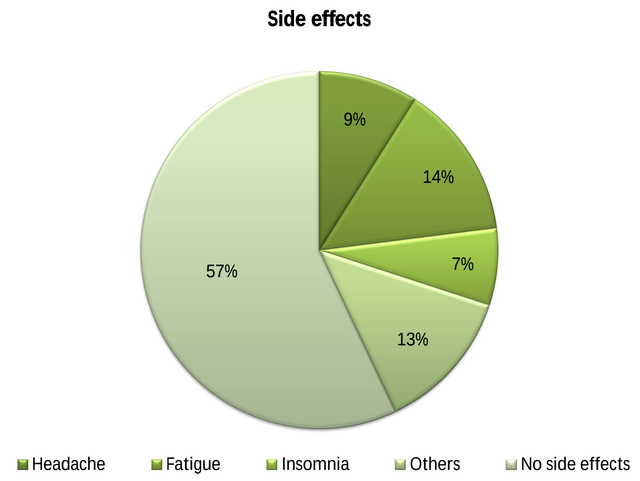
Grafic 3. Therapeutical scheme



Grafic 4. Previous triple terapy = peginterferon + ribavirin + boceprevir/telaprevir; previous dual = peginterferon+ribavirina

Genotypes	n
1	62%
2	1%
3	22%
4	15%
5	1%

Tabela 1. Distribution by genotype



Grafic 5. Side effects

Conclusions

New hepatitis C treatments allows for a virological response at 4 weeks in 141 patients (97,2%) with excellent tolerability unlike previous schemes.
We await our results of sustained virological response at 12 weeks. These data are in line with our National Program, that, so far , have included 6540 patients, 1610 are considered treated and only 68 (1%) of them had no response with detectable viremia after cessation of treatment. The high cost requires strict compliance with the Clinical Guidance Standards in place and continuous monitoring of the whole process.

Referencies

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