Generalitat de Catalunya
Departament de Salut

PRELIMINARY RESULTS FOR CLINICAL PRACTICE TREATMENT OF CHRONIC HEPATITIS C VIRUS DIRECTATING ANTIVIRALS

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BACKGROUND

Marketing of different families of direct acting antivirals (DAAS) for hepatitis C virus (HCV) treatment has transformed the disease course, with high functional cure rates, increasing drug combinations in different clinical situations and virus genotypes. The aim was to describe the population infected by HCV receiving treatment with DAAs and to and detecting whether the percentage of patients achieving undetectable viral load (VL) was the same as described in clinical trials.

PURPOSE

To compare the results obtained in regular clinical practice against the effectiveness results reported in clinical trials for the treatment of chronic hepatitis C (CHC) with DAAs.

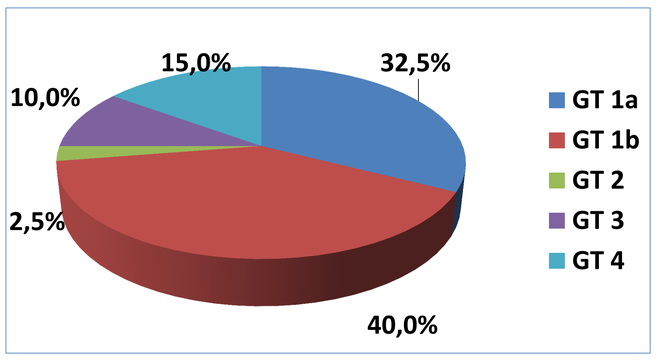
MATERIAL AND METHODS

Retrospective observational study from February to August 2015 of all CHC patients on DAA treatment. Variables included: demographics, HIV coinfection, genotype and initial viral load at week 4, week 12 and 12 weeks after treatment completion in patients who had achieved liver fibrosis stage (F). Data were obtained from the pharmacy department database, electronic medical records and drug therapy follow-up.

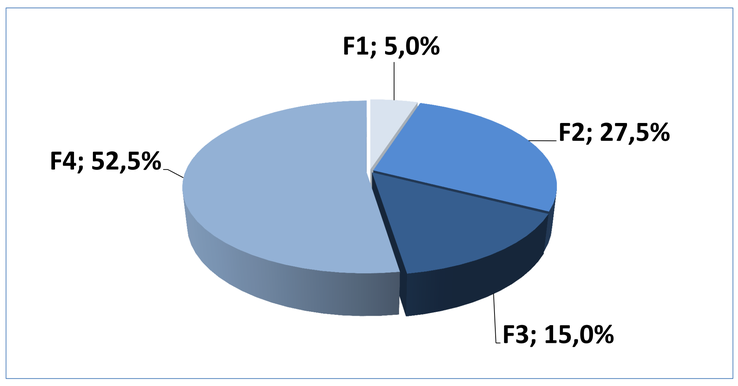
RESULTS

40 patients with CHC received DAA treatment, 68% (27) men, mean age 55.5 years (range 42-70); 9 (23%) HIV coinfected. Hepatitis virus genotypes were: 1b, 16 (40.0%); 1a, 13 (32.5%); genotype 4, 6 (15,0%); genotype 3, 4 (10,0%); and genotype 2, 1 (2.5%). Liver fibrosis stage: F1, 2 (5%), F2, 11 (27,5%), F3, 6 (15,0%) and F4, 21 (52,5%), 11 patients had been previously treated. 23 (57.7%) had received ledipasvir/sofosbuvir with or without ribavirin, 7 (17,5%) simeprevir/sofosbuvir and 4 (10.0%) dasabuvir+ombitasvir/paritaprevir/ritonavir; the remaining patients received other drug combinations. At week 4 of treatment, 27 (67.5%) had undetectable VL, 8 (20%) VL <15 and 5 detectable VL. At week 12 postreatment the sustained virological response (RVS) was in 38 (95,5%) patients.

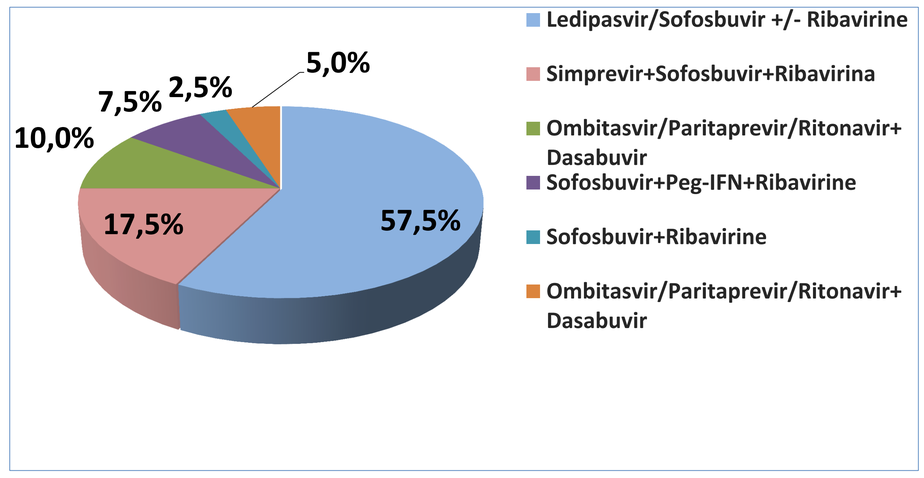
Grafic 1 . Genotype



Grafic 2 . Fibrosis stage



Grafic 3 . Treatment AAD



Grafic 4. Virologic response averall patients

Grafic 5. Virologic response depending on the therapeutic regimen

Grafic 6. Virologic response virologic response depending on fibrosis stage

CONCLUSIONS

The percentage of patients with undetectable VL at week 4 was lower than that reported in clinical trials. At week 12 postreatment, the percentage of patients with undetectable VL was the same with those found in clinical trials.

No conflicts of interest

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