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SECOND GENERATION DIRECT-ACTING ANTIVIRAL AGENTS IN POST-TRANSPLANT HEPATITIS C VIRUS INFECTION RECURRENCE: REAL CLINICAL PRACTICE

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OBJECTIVES

Patients who have recurrent hepatitis c virus (HCV) infection after liver transplantation (LT) have substantial rates of morbidity and mortality. Evaluation of experience with new drugs regimen becomes

critical.

OBJECTIVE: to describe effectiveness and safety of second generation direct-acting antivirals (DAAs) in patients with HCV recurrence after LT.

METHODS

Design: descriptive, retrospective, non-interventional study.

Inclusion criteria: all HCV monoinfected patients with LT who started treatment with DAAs before April 2015. Variables: demographic, fibrosis degree, clinical data (decompensated cirrhosis, hepatocellular carcinoma), response to previous HCV-treatment, viral genotype, viral load, analytical data and adverse events (AEs). **Primary effectiveness endpoint:** sustained virologic response 12 weeks after the end of treatment (SVR12). **Secondary endpoint:** end of treatment virologic response (EOTVR) and normalization of serum transaminases at the end of treatment.

Safety was evaluated by laboratory abnormalities and AEs.

RESULTS

Twenty-two patients were included: 21 (95.4 %) were male; average age was 60 (SD=7.4). There were 18 (81.8%) cirrhotic patients, 11 (61.1%) of these were decompensated, and 5 (22.7%) had hepatocellular carcinoma.

Table 1. Patient`s and viral`s characteristics.

Characteristics	N(%)
Prior treatment	
Naïve	9 (40.9)
Peginterferon-ribavirin	9 (40.9)
Protease inhibitor	4 (18.2)
Viral genotype	

Graph 1. % of prescribed DAAs and treatment



Graph 2. Primary and secondary effectiveness endpoint



Most frequent AEs were: asthenia 10(45.4%), pruritus 8(36.4%), confusion 6(23.3%), dry skin 5(22.7%), insomnia 5(22.7%), headache 5(22.7%), reduced appetite 5(22.7%) and ribavirin-associated anemia 4(66.7%).

CONCLUSIONS

Our data show that DAAs are effective, inducing a high SVR12 and improving hepatic function in this special population. Despite the incidence of AEs, there were not treatment discontinuations due to AEs. Most of them they were acceptable and consistent with the disease status.

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