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Efficacy profile of Direct Acting Antiviral based therapy in HCV mono and co-infected patients in a real world setting

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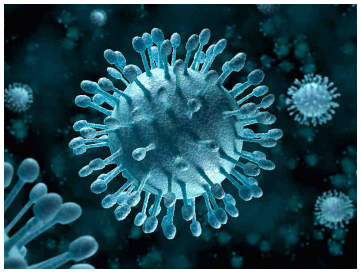
Background and purpose

The possibility of prescribing the new direct acting antiviral (DAA) agents for the treatment of HCV in interferon-free regimens, with high-cure and low-discontinuation rates described in Clinical Trials, represents an opportunity to eradicate HCV in our patients. In this study we analyze the preliminary data of efficacy of these regimens against HCV in the everyday practice of an Infectious Disease Outpatient clinic.

Materials and Methods

Observational retrospective study.
Baseline characteristics and HCV-RNA quantification at weeks 4, 12/24 (end of treatment) and weeks 4&12 post-treatment were collected and analyzed of every mono- and HIV/ HCVcoinfected patient who started HCV-therapy between 15-March and 05-October 2015. The regimens prescribed (SOF+SMP±RBV, SOF/LDV±RBV, 3D/2D±RBV, PR+SOF, SOF+DCV+ RBV) were in line with current guidelines and approved drugs at every time. Data was analysed using SPSS statistical package.



Results

54 patients (83.3% male) were included, 47 (87%) were HIV/HCVcoinfected, median basal-CD4 value of 582 (371-797) and HIV-RNA undetectable in 36 (66.7%) cases. 45 patients (83.33%) were ex-injecting drug users.
According to Genotype, 34 (62.96%) patients were G1 (of which, 19 were 1a, 12 1b and 3 not-known subtype), 1 (1.85%) G2, 10 (18.52%) G3 and 9 (16.6%) G4. 34 (62.96%) patients were cirrhotic, 7 (13%) with previous decompensation episodes (5 edemato-ascitic and 2 hepatocellular-carcinoma). 28 (51.85%) were treatment-naïve, and the expected duration was 12 weeks in 46 (85.12%) patients.
HCV-RNA was undetectable at week-4 (RVR) in 44 (86.27%) patients of the 51 available at the end of the study. 100% of 40 patients who completed treatment achieved end-of-treatment response (ETR) and 36 (97.3%) of the 37 with quantification at week-4 post-treatment have SVRx4 (1 relapser at week-4 post-therapy). 17 (94.44%) have already gained SVRx12, but there is one relapser who previously achieved SVRx4.
Both relapsers were naïve and cirrhotic, one G1a, treated with SOF/LED+RBV and the other G3, treated with SOF/DCL+RBV.

Conclusions

In our series, there is a high proportion of patients achieving SVRx4 and SVRx12, similar to those reported previously. Despite this, with these data, ETR, and even SVRx4, can not be considered predictors of success at 100% in HCV-treatment.