THE EFFECTIVENESS OF NEW DIRECT ACTING ANTIVIRALS IN THE TREATMENT OF CHRONIC HEPATITIS C IN PREVIOUSLY TREATED PATIENTS

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BACKGROUND

Some patients do not achieve successful results after treatment with older hepatitis C virus (HCV) antiviral drugs.

PURPOSE

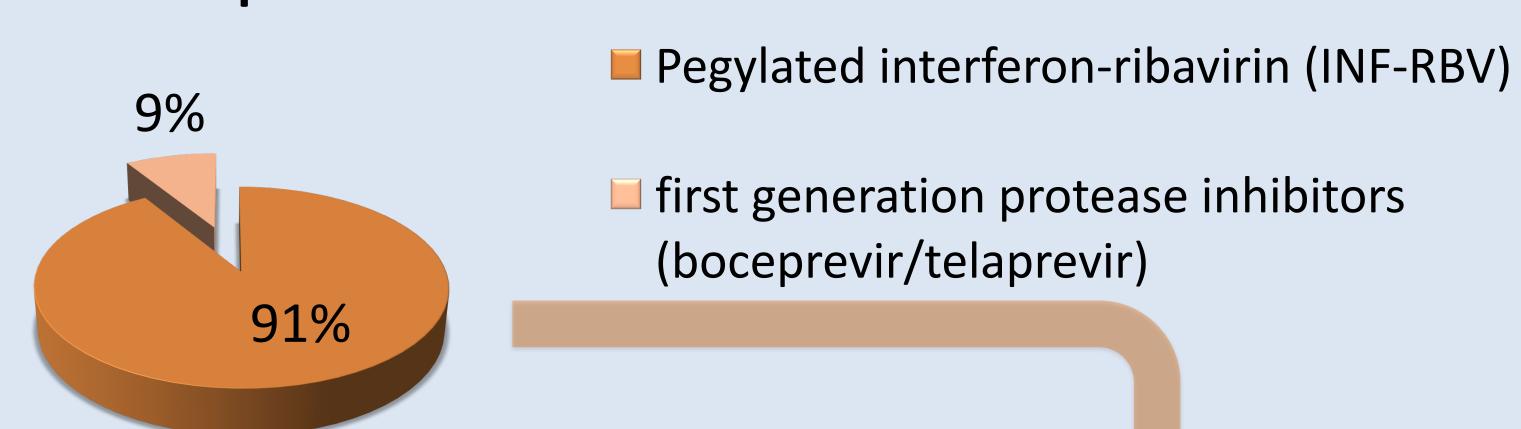
To assess the effectiveness of new direct-acting antivirals (DAA) in previously treated HCV patients, and its relation to the type of previous treatment received.

MATERIAL AND METHODS

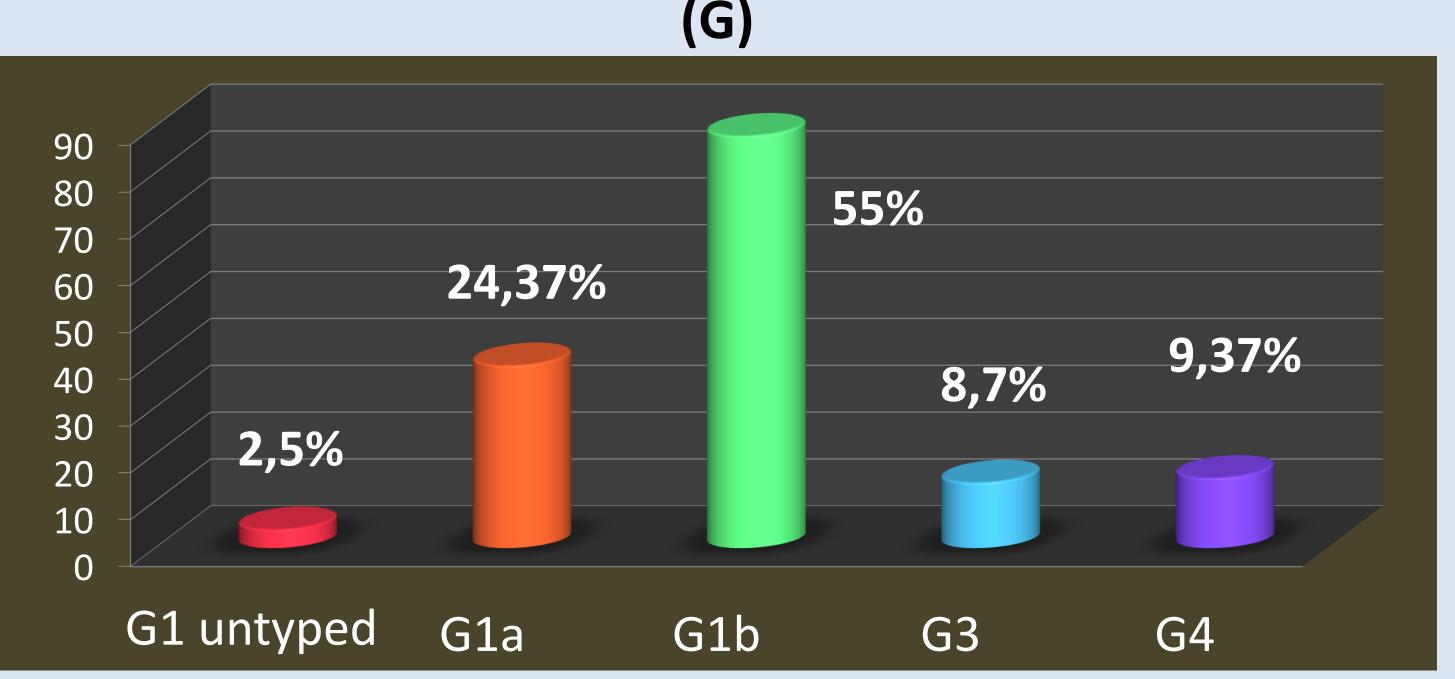
An observational, descriptive, retrospective study of previously treated patients with HCV that ended their treatment with DAA before February 2016. Patients were selected from online clinical history and from a Pharmacy Service database, analysing the following variables: genotype, degree of fibrosis, HIV coinfection, previous treatment, treatment using DAA, viral load at the end of treatment (VLET) and after 12 weeks (VR12).

RESULTS

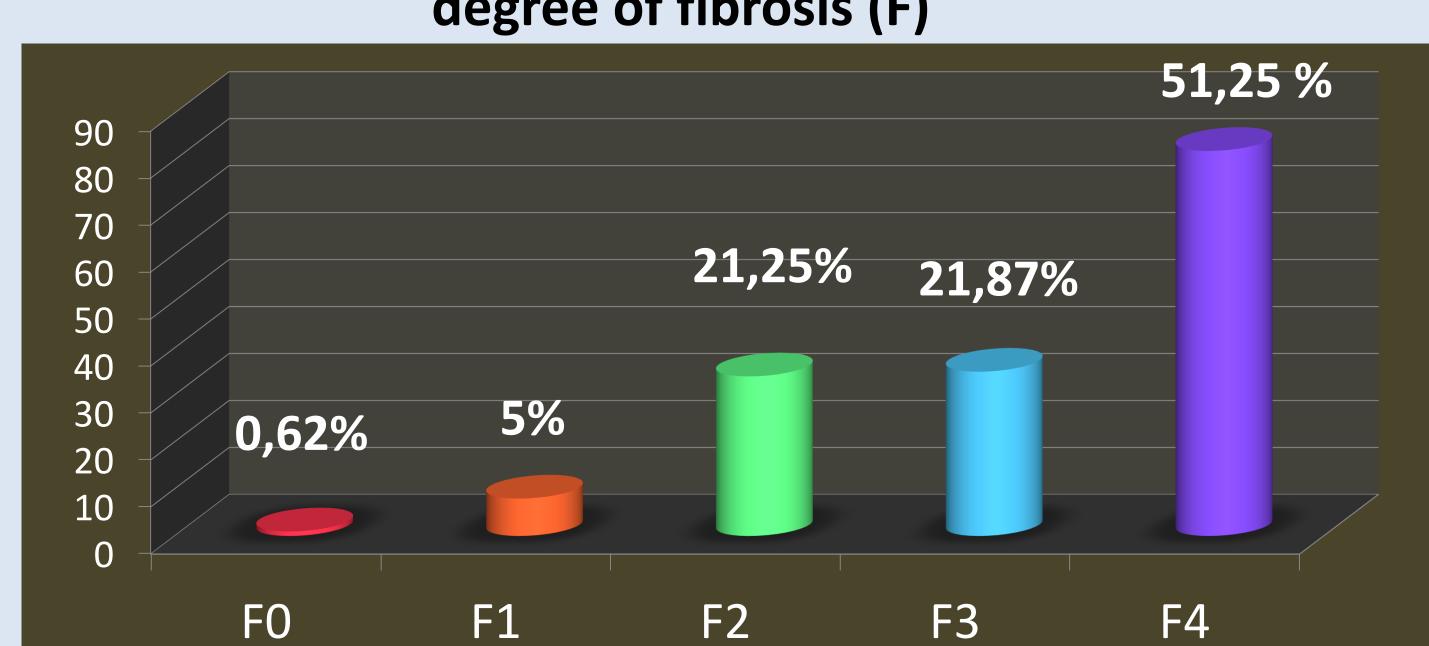








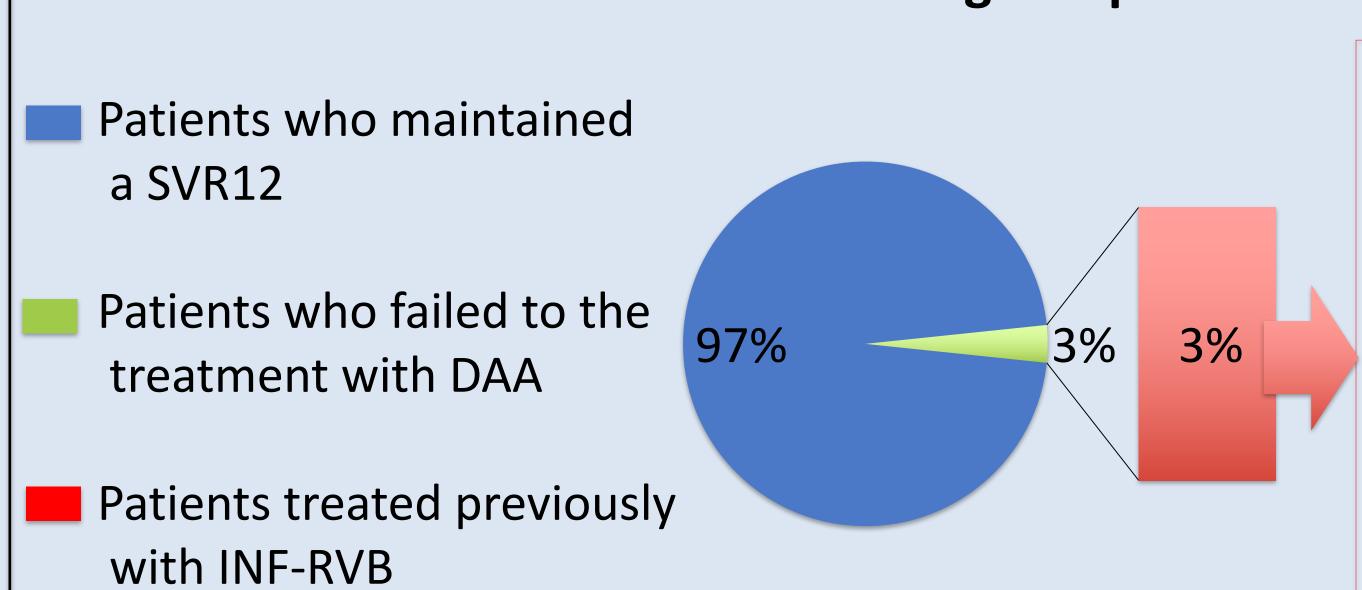
Distribution of patients according to the degree of fibrosis (F)



VLET 100% VLET undetectable VLET detectable

The VLET was undetectable in 100% of the patients

Data are available concerning 121 patients after 12 weeks:



Genotype and degree of fibrosis of patients who failed to the treatment:

- 2 patients with G1b F4
- 1 patient with G1a F4
- 1 patient with G3 F2

All patients who failed had been treated previously with INF-RBV

11 combinations of the following DAA were used: daclatasvir, ledipasvir, sofosbuvir, dasabuvir, ombitasvir, paritaprevir/r, simeprevir.

CONCLUSIONS

- ✓ The effectiveness of DAA in patients who had received previous treatment in clinical practice was within the percentages presented in clinical trials.
- ✓ Although there were too few failures in the treatment to conclude significant associations, there may be some relation between failures with DAA and pretreatment with INF-RBV.
- ✓ All patients who had not achieved SVR12 relapsed after an undetectable VLET.

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