4CPS-001

EXPERIENCE WITH THE NEW DIRECT ACTING ANTIVIRAL AGENTS IN A THIRD LEVEL HOSPITAL IN 2018

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Background and importance

The new direct-acting antivirals (DAAs) indicated in chronic hepatitis C (HCV) show in clinical trials a sustained virological response at 12 weeks (SVR12) greater than 90%, with worse results in patients with genotype 3.

Aim and objectives

To analyze the effectiveness of the new DAAs in a real cohort of HCV patients during the year 2018, and discern if there are differences between genotypes.

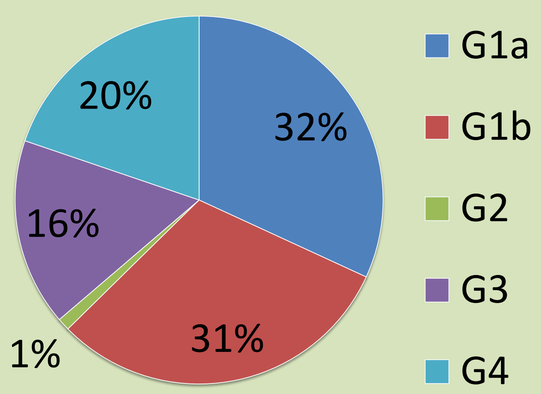
Material and methods

Retrospective observational study including all patients treated with DAAs in 2018. The variables collected were: age, sex, HCV/HIV coinfection, genotype (G), degree of fibrosis (F), previous treatments, basal viral load (BVL), treatment duration, viral load at 12 weeks post-treatment, adherence and adverse effects. Effectiveness was evaluated according to SVR12.

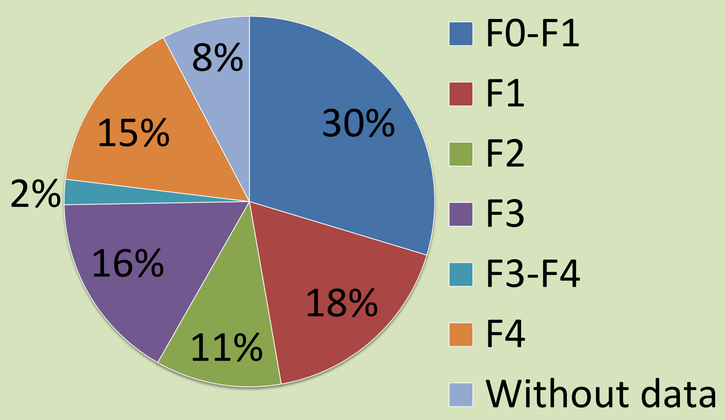
Results

PATIENT CHARACTERISTICS	
Number of patientes	91
Men	52 (57,1%)
Mean age	55,6
VIH/VHC coinfected	20 (22%)
BVL>800.000UI/mL	55 (60,4%)
Naive DAAs pretrated	75 (82,4%) 6 (5,46%)

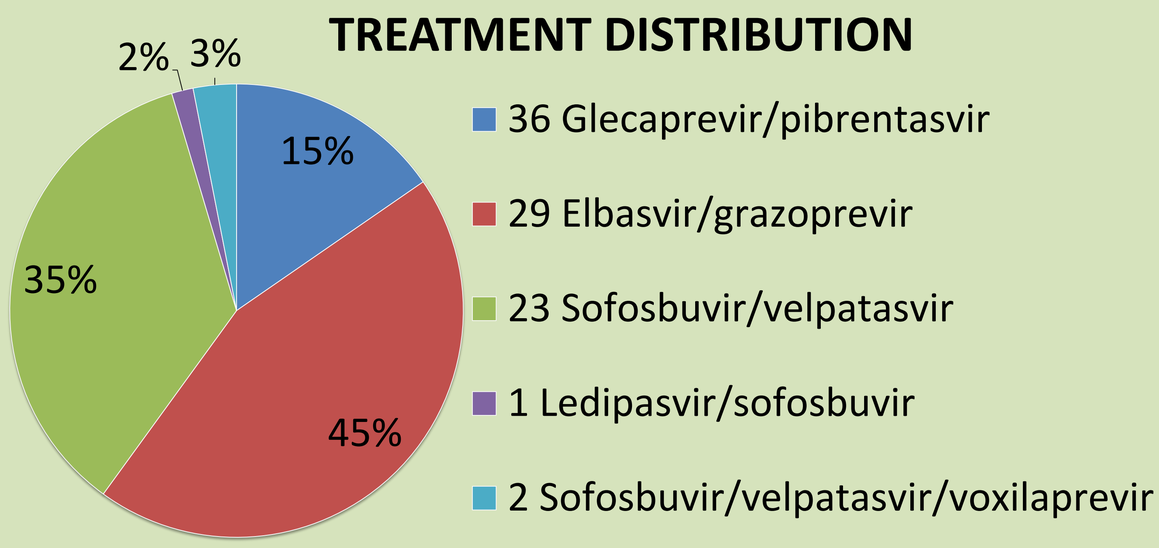
GENOTYPE



DEGREE OF FIBROSIS



TREATMENT DISTRIBUTION



TREATMENT	SVR12	VF	NER
Glecaprevir/pibrentasvir	32	-	4
Elbasvir/grazoprevir	26	-	3
Sofosbuvir/velpatasvir	17	2	4
Ledipasvir/sofosbuvir	1	-	-
Sofosbuvir/velpatasvir/ voxilaprevir	2	-	-

EVALUABLE RESPONSES (n = 80)	
78 (97,5%) SVR12	2 (2,5%) FV (both G3)

Conclusion and relevance

Our data confirm the effectiveness of the new DAAs, with SVR12>95%, and are consistent with clinical trials which show that patients with G3 have the worst SVR12 rates.

https://www.eahp.eu/25-4CPS-001