Glecaprevir/PIBrentasvir Association for Chronic Hepatitis C Virus Infection: Results in Health


**Background**
European Medicines Agency authorised glecaprevir/pibrentasvir combination for treatment of hepatitis C virus (HCV) infection in July 2017. Treating hospital patients and institutionalized population is essential to reduce transmission of virus infection.

**Purpose**
To evaluate effectiveness and tolerance of HCV patients treated with glecaprevir/pibrentasvir in hospital and penitentiary centers.

**Material and Methods**
Descriptive and retrospective study of HCV patients receiving glecaprevir/pibrentasvir from November 2017 to October 2018. Hospital and prison patients were selected.

**DATA**
- HCV prison patients
- Age
- Gender
- Patient type (naïve/pretreated)
- Hepatic fibrosis stage
- Diagnosed and treated by hospital
- Information included in electronic medical history
- HCV genotype (G)
- Withdrawal treatments and HCV recurrence
- Medical departments
- Treatment duration
- Loss of follow-up after ending treatment

**EFFECTIVENESS**
End of treatment
0 EOT
12 SVR12
weeks

**TOLERANCE**
Adverse reactions (RA)

**RESULTS**
- Patients: 114.
- Gender: 101 (88.6%) males.
- Mean age: 51.7 (29-73) years.
- Patient type: 96 (84.2%) naïve.
- Glecaprevir/pibrentasvir prescriptions: 30 (26.3%) internal medicine-infectious department, 33 (29%) digestive and 51 (44.7%) penitentiary centers.
- Duration of treatment: 8 weeks for 104 (91.4%) patients and 12 weeks for 10 (8.6%), all cirrhotic.
- Loss of follow-up: 6 (5.2%), all digestive patients
- Withdrawal treatments: 2 (1.7%), all prison patients.
- HCV recurrence: 1 (0.9%) interferon-ribavirin-pretreated patient.

**Reacciones Adversas**
- Asthenia
- Headache
- Anxiety
- Pruritus

**Hepatic fibrosis stage**
- F4: 9%
- F3: 8%
- F2: 13%
- F0-F1: 70%

**HCV genotype distribution**
- G1a: 39%
- G1b: 21%
- G2: 18%
- G3: 18%
- G4: 4%

**Conclusions**
1. High rates of EOT and RVS12 in real-world patients were observed.
2. Few patients reported RA and all associated withdrawal treatments were recorded in population of penitentiary centers.