Background:
Every year an increase of new cases of patients with chronic hepatitis C (CHC) from HCV has been registered. The availability of second-generation DAA (DAA-2) has permitted a rise of SVR rates compatibly with a good safety profile.

Material and methods:

**REVIEW:**
- RCT and other CT concluded and published until 20 June 2017: DAA-2 in monotherapy or combined therapy vs. gold standard.
- Adverse reactions (ADR) data: not beyond 30 days from the end of the treatment period.
- Databases: Cochrane-Central-Register-of-Controlled-Trials/Central, Embase and Pubmed
- Research methodology: MeSH Terms when available.

**META-ANALYSIS with R** for included studies

Results:
- 174 articles identified
- 9 recognized by more databases
- 168 discarded (no correspondence with primary endpoint and inclusion criteria)
- 6 studies included: 5 RCT and 1 observational study.

Serious adverse events (SAE) data between exposed (treated) and not-exposed (controls) patients

Interruptions of therapy data between exposed (treated) and not-exposed (controls) patients

The IC95% of the Odds Ratio around the evaluation of the overall effect included the value 1

Conclusion:
No substantial differences subsisted in SAE and interruptions rate between the two treatments, DAA-2 and gold standard. Furthermore a significant heterogeneity between studies was observed. The introduction of large registries would be useful to value the risk of ADRs, their nature and the real frequency of SAE in the population, that can be barely estimated only by RCT.

References: R Core Team. http://www.R-project.org/
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