PRELIMINARY RESULTS FOR CLINICAL PRACTICE TREATMENT OF CHRONIC HEPATITIS C VIRUS DIRECTATING ANTIVIRALS

BACKGROUND

Marketing of different families of direct acting antivirals (DAAS) for hepatitis C virus (HCV) treatment has transformed the disease course, with high functional cure rates, increasing drug combinations in different clinical situations and virus genotypes. The aim was to describe the population infected by HCV receiving treatment with DAAs and to and detecting whether the percentage of patients achieving undetectable viral load (VL) was the same as described in clinical trials.

RESULTS

40 patients with CHC received DAA treatment, 68% (27) men, mean age 55.5 years (range 42-70); 9 (23%) HIV coinfected. Hepatitis virus genotypes were: 1b, 16 (40.0%); 1a, 13 (32.5%); genotype 4, 6 (15.0%); genotype 3, 4 (10.0%); and genotype 2, 1 (2.5%). Liver fibrosis stage: F1, 2 (5%), F2, 11 (27.5%), F3, 6 (15.0%) and F4, 21 (52.5%), 11 patients had been previously treated. 23 (57.7%) had received ledipasvir/sofosbuvir with or without ribavirin, 7 (17.5%) simpregn/sofosbuvir and 4 (10.0%) dasabuvir+ombitasvir/paritaprevir/ritonavir; the remaining patients received other drug combinations. At week 4 of treatment, 27 (67.5%) had undetectable VL, 8 (20%) VL <15 and 5 detectable VL. At week 12 posttreatment the sustained virological response (RVS) was in 38 (95.5%) patients.

CONCLUSIONS

The percentage of patients with undetectable VL at week 4 was lower than that reported in clinical trials. At week 12 posttreatment, the percentage of patients with undetectable VL was the same with those found in clinical trials.

No conflicts of interest