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

160 Patients received previous treatment:

- Distribution of patients according to genotype (G):
  - G1 untyped: 2.5%
  - G1a: 24.37%
  - G1b: 55%
  - G3: 8.7%
  - G4: 9.37%

- Distribution of patients according to the degree of fibrosis (F):
  - F0: 0.62%
  - F1: 5%
  - F2: 21.25%
  - F3: 21.87%
  - F4: 51.25%

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

VLET

- Patients who maintained a SVR12
- Patients who failed to the treatment with DAA
- Patients treated previously with INF-RV

The VLET was undetectable in 100% of the patients

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-RV.
- All patients who had not achieved SVR12 relapsed after an undetectable VLET.

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Acknowledgements to Mireya Amat for the help offered.

No conflict of interest to disclose.