EV0044
ePoster Viewing
Viral hepatitis (incl antiviral drugs, treatment & susceptibility/resistance, diagnostics & epidemiology)

Interferon-free therapy: sofosbuvir plus ribavirin is equally effective and safe in treatment-naïve and interferon resistant chronic hepatitis C genotype 3a infected patients

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Background: Due to lower cure rates and significant adverse effects of interferon-based therapy, a need was felt for interferon-free treatment regimens for hepatitis C virus (HCV) infection. This need was fulfilled in 2013 when several interferon-free direct acting anti-viral drugs were approved by FDA that changed the standard of care significantly for chronic HCV (CHC). The purpose of this study was to evaluate interferon-free regimen contained NS5B polymerase inhibitor (Sofosbuvir) plus ribavirin for the treatment of HCV infection in treatment experienced non-responders and treatment-naïve CHC genotype 3a infected patients.

Material/methods: Data of HCV treated patients collected at this Centre was reviewed retrospectively from December 2014 to November 2015. Out of 503 consecutive patients, 422 fulfilling the study criteria and completed at least 12-weeks of follow-up period were included in data analysis. Of these, 332 (209 males & 123 females) were treatment experienced non-responders (Group-I) and 90 (579 males & 33 females) were treatment-naïve (Group-II). Both groups of patients daily received orally regimen of combination therapy of Sofosbuvir tablet (400mg) plus ribavirin (800–1200 mg).for 24-weeks. Initially the key end point was a sustained virologic response (SVR) at week-12 after the end of treatment. Patients were followed for an additional 3 months thereafter. Rapid virologic response (RVR), early virologic response (EVR), end of the treatment response (ETR), SVR and side effects were recorded.

Results: In this study, an overall SVR rate was observed in 97.6% of patients (95% CI, 91-98) at 12 weeks and only 2.46% suffered relapse. In the Group-I, a SVR was reported in 97.5% of patients compared to reported SVR of 97.8% in Group-II patients.. In both the groups no significant difference was seen in SVR rates among patients with genotype 3 infection (97.5% vs 97.8%). RVR was seen in 99.5% patients. No significant adverse effects were observed in this interferon-free treatment therefore none of our enrolled patients discontinued the treatment.

Conclusions: Based on the results of this study, we conclude that: 1) Combination therapy with Sofosbuvir plus ribavirin is as effective in previously treated non-responders as it is effective in treatment-naïve chronic HCV-3a infected patients; 2) This combination therapy is tolerable with no significant adverse reactions. 3); this type of treatment is extremely costly. It should be made cost-effective and reachable to all patients especially living in developing/underdeveloped countries.