

P0796 HCV treatment with new direct acting antivirals: a 3-year experience

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Background: The aim of the study was to analyze the characteristics of patients diagnosed with HCV and treated with the new DAAs in the Navarra cohort.

Materials/methods: Patients, who began treatment with DAAs in Navarra (Spain) between January 2015 and March 2018, were included. Clinical and epidemiological data were obtained by reviewing medical records. HCV antibodies were determined by CMIA (ARCHITECT® Anti-HCV, Abbott Laboratories). Quantification of HCV viral load (Cobas 6800® HCV, Roche Diagnostics, Mannheim, Germany) and genotyping (VERSANT® HCV Genotype 2.0 Assay (LiPA), Siemens Healthcare Diagnostics, Tarrytown, NY, USA). Sustained viral response was considered at 12weeks post-treatment.

Results: In January 2015, 4039 patients were anti-HCV+.1528 out of them (38%) had detectable viral load (HCV-RNA+). During this time, patients' anti-HCV+ without previous RNA determination and new HCV diagnoses have been incorporated to the study (414 patients). A total of 1341 treatments (1318 patients) were prescribed. 835 (63%) were men; with a median age of 52 years. 68% were from urban areas and 93% natives from Spain. The percentage of HIV and HCV coinfection was 21% (271 patients). Twenty percent of patients with cirrhosis started treatment in this period of time. In 67% of them the degree of fibrosis was greater than or equal to 2. By genotypes (GT) the distribution of patients with treatment was 66.2% GT1 (35.3% GT1a and 30.3% GT1b), 2.4% GT2, 19.7% GT3, 11.3%GT4 and finally 0.4% others GT. In the intention-to-treat analysis, 96.8% achieved SVR at 12 weeks post-treatment (95% CI: 95.6-98.8). In the monoinfected group, SVR was 97% and 96% in coinfecting patients. The therapeutic effectiveness rate was greater than 90% for all genotypes. Currently, 1297 out of 1942 patients (67%) with active HCV infection have already achieved SVR.

Conclusions: In this prospective real-life cohort, failure to an oral DAA regimen occurred in 3.2% of the patients and was mainly due to relapses or adverse drug reactions. According to genotype, most cases of failed corresponded to genotype 1a (1.4%), followed by genotype 1b and 3 with 0.7% respectively. To date, the 67% of potential candidates for treatment have already been treated and cured.

