

CO-06 - (67) - FIBROSIS REGRESSION IN CHRONIC HEPATITIS C PATIENTS AFTER TREATMENT WITH DIRECT-ACTING ANTIVIRAL AGENTS IS MORE EFFECTIVE THAN BEFORE. COMPARISON OF DIFFERENT NONINVASIVE METHODS

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AIMS: to evaluate fibrosis evolution by different noninvasive fibrosis markers after 1 year of treatment, comparing the outcomes with the new DAAs versus the old regimen PEG+RBV. METHODS: group 1: 105 patients (pts) treated with DAA (2015-2016); group 2: 73 pts treated with PEG+RBV (2012-2013). All completed 1 year of follow up and achieved SVR. Transient elastography (TE) – Fibroscan® (FS) was performed before treatment and after 1 year of follow up. Cutoffs for fibrosis: 5.43 kPa – F≥2 (PPV 0.96, NPV 0.25); 8.18 kPa – F≥3 (PPV 0.82, NPV 0.97); 12.0 kPa – F=4 (PPV 0.93, NPV 0.73) (Portuguese J. of Gastroenterology 2007; 14). Biochemical parameters and Fibrosis 4 index (FIB-4) and AST to Platelet Ratio Index (APRI) were calculated at those moments. Statistical analysis by SPSS v23. RESULTS: Group 1: 105 pts, 50.5% male, median age 53 years, 46% genotype 1b; Group 2: 73 pts, 65.8% male, median age 42 years, 44% genotype 1b. After treatment there was a significant improvement of TE in both groups (Group 1: p<0.001, CI 95%:-5.21-1.96; Group 2: p=0.012, CI 95%:-1.64-0.22) but more expressive in Group 1 (mean rank 76.8 vs 107.8, p<0.001). There is also a significant reduction of FIB-4 in both groups (p<0.001, CI 95%:-7.13-4.69), more expressive in Group 1 (53.6 vs 141.2, p<0.001) and of APRI (p<0.001, CI 95%:-1.26-0.61), with no differences between groups. There was a significant reduction of fibrosis stage after treatment in both groups (Group 1: p<0.001; Group 2: p=0.01), but the downstage is more significant in Group 1 (71.9 vs 114.8, p<0.001) – Group1: 45.7% decrease, 49.5% maintain, 4.8% progressed; Group 2: 24.7% decrease, 68.5% maintain, 6.8% progressed. Clinical or laboratorial independent predictors of fibrosis regression were not found. CONCLUSIONS: After 1 year of treatment with DAAs there was significant reduction of fibrosis stage, more effective than with the old regimens.