

Comunicação Oral

CO-15 - REAL-WORLD EXPERIENCE WITH SOFOSBUVIR-BASED REGIMENS IN CHRONIC HEPATITIS C – AN ANALYSIS FROM A NATIONWIDE COHORT STUDY.

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Background: We report the experience with sofosbuvir-based regimens in clinical practice among HCV patients. Emphasis will be made on GT3, reportedly less responsive to DAA than other genotypes, and to GT4 where evidence from clinical trials is scarcer.

Methods: Multicenter, non-interventional, cohort study, including adult HCV chronic infected patients treated sofosbuvir-based regimens between February 2015 and August 2016. Preliminary results were reported. All patients with post-treatment week 12 follow up were analysed, cut-off date May 11th 2018.

Results: Patients -1043 were analysed. 36.5% (379/1037) were cirrhotic and 30.9% (310/1003) were HIV-coinfected. Genotype distribution (n=1039): GT1 68.5%, GT2 1.5%, GT3 16.6% and GT4 13.4%. The majority of patients were naïve (54.0%; 550/1018). LDV/SOF was the most common regimen (75.3%; 784/1041) and 21.1% of patients used ribavirin. Treatment duration was 24 weeks for 80% (136/170) of GT3 patients and 32.4% (45/139) of GT4 patients. Overall, 97.2% of patients achieved SVR12. Similar rates were observed among HIV-coinfected patients (97.7%; 303/310). SVR12 was 90.1% (155/172) for GT3 patients and 98.6% (137/139) for GT4 patients. SVR12 among treatment naïve cirrhotic GT3 patients was 90.0% (45/50), and 95.2% (20/21) in those with cirrhosis who failed prior therapy. All cirrhotic GT4 patients achieved SVR12. All GT3 patients who received SOF + Peginterferon-a + ribavirin (n=16) or SOF + daclatasvir regimen (n=13) achieved SVR12. SVR12 was 85.5% (59/69) and 92.1% (35/38) among GT3 patients treated with SOF + ribavirin or LDV/SOF + ribavirin, respectively. 98.4% of GT4 patients treated with LDV/SOF achieved SVR12.

Conclusions: High rates of SVR were observed. Contrary to other studies, good SVR rates were achieved in G3 patients with LDV/SOF ± ribavirin. The use of pangenotypic sofosbuvir-based regimens may improve virologic response in genotypes such as GT3, in addition to shorten the duration of treatment and the use of ribavirin.