Comunicação Oral

EP-04 - SAFETY AND EFFICACY OF A LOW MONITORING TREATMENT STRATEGY, WITH SECOND GENERATION DIRECT-ACTING ANTIVIRALS, IN HCV MONO INFECTED PATIENTS WITHOUT CIRRHOSIS: A PORTUGUESE REAL LIFE COHORT.

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Background:

The 2nd generation direct acting antivirals (DAAs) brought hope regarding elimination of chronic hepatitis C (CHC). Further simplification of on treatment surveillance will save costs and help physicians in scaling up treatment, representing an improvement in the “cascade of care” framework.. Real life data, about low monitoring strategies, is sparse and necessary.

Methods:

Prospective study with CHC patients, treated for the first time with DAAs, without ribavirine, between January 2017 and March 2018, without on treatment scheduled visits and laboratory monitoring. Exclusion criteria: fibrosis stage F4, hepatocellular carcinoma, HIV or HBV coinfection, ongoing additive substance abuse. The outpatient clinic had 1 consultant hepatologist, 3 gastroenterology assistants and 2 hepatology nurses. All patients had a complete baseline medical and nurse evaluation. A direct telephonic number for on demand nurse consultation was available. A medical visit, with laboratory and viral load evaluation, was scheduled 12 weeks after the end of treatment.

Results: 82 enrolled patients (63% male; 41-78 years); Genotype distribution: G1 - 38 (47% 1b), G3 - 23, G4 - 10 and G5 - 1. Treatment regimens were chosen according to EASL guidelines at the time: 65 were sofosbuvir based; 17 protease inhibitor based (29% pan genotypic).Only one patient discontinued treatment (lost to follow up) and 4 forgotten blood collection for RVS12, despite attending the medical visit. Minor adverse events were 0,02%, without serious adverse events. None of the patients required on treatment medical visits. Sustained virological response (SVR12) was 94% (77/82) in intention to treat and 100% (77/77) in *per protocol* analysis.

Conclusions: In this real life cohort cohort of “easy to treat patients”, a low monitoring treatment stategy, was safe and achieved high adherence and efficacy, without virologic failures. These results support the adoption of simplified treatment surveillance protocols, whenever possible, as a cost-effective tool in the achievement of CHC elimination goals.