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A real-life evaluation of the effect of direct-acting antivirals in hemodialysis patients with chronic hepatitis C

Nurten Nur Aydın[1], Firdevs Aksoy[1], Ilknur Yavuz[2], Serap Iskender[3], Arzu Altuncekic Yildirim[4], Ilknur Esen Yıldız[5], Iftihar Koksal [1]

[1]*Department of Infectious Diseases, Karadeniz Technical University, Faculty of Medicine*
[2]*Department of Infectious Diseases, Giresun University, Faculty of Medicine*
[3]*Department of Infectious Diseases, Kanuni Education Hospital*
[4]*Department of Infectious Diseases, Ordu University, Faculty of Medicine*
[5]*Department of Infectious Diseases, Rize University, Faculty of Medicine*

INTRODUCTION: Hepatitis C virus (HCV) infection is widespread in hemodialysis patients worldwide. Successful results are achieved in the treatment of HCV with effective, well tolerable direct-acting antivirals (DAAs). However, studies of the effectiveness of new generation DAAs in the treatment of HCV infection in hemodialysis patients are limited. We investigated the effectiveness of DAAs in hemodialysis patients with HCV infection.

METHODS: Twenty-three HCV positive treatment naïve or experienced (IFN/pegIFN ±RBV) hemodialysis patients were enrolled between 2016 June-2018 May. Three patients were excluded for not attending follow-ups regularly, and the data for 20 patients were included. Patients' demographic, virological, and genotypic characteristics, liver fibrosis status, DAAs started, and sustained virological responses at the 12th week (SVR12) were recorded. DAA regimens based on the treatments patients were using and potential drug interactions. Patients completing treatment were followed for 12 weeks for SVR.

RESULTS: The mean age of the patients was 57.8 (±10.5). Ninety percent were men; 55% were treatment–experienced and 45% were treatment-naïve. Ninety percent were non-cirrhotic and 10% had compensated cirrhosis. Of the treatment-experienced patients, 45.5% were nonresponder and 54.5% were relapsed (Table). Eighteen patients with Genotype 1b were treated with paritepravir-ritonavir-ombitasvir-dasabuvir (ProD) for 12 weeks, one patient with Genotype 4 received ProD+ribavirin for 12 weeks, and one patient with Genotype 2 received sofosbuvir+ribavirin for 24 weeks. HCA RNA was negative on the 4th week in 85% of patients, and was negative in all patients on the 12th week, apart from the patient receiving the sofosbuvir+ribavirin regimen. At the end of treatment, HVC RNA was negative in all patients, and the SVR12 rate was 100%. Patients' treatment responses were independent of previous treatments, liver fibrosis status, and hemodialysis duration. No marked side effects or complications were observed, apart from sleeplessness in one patient (Table).

CONCLUSION: Our study data confirm that new generation DAAs in hemodialysis patients provide high SVR and are well tolerated, as in patients other than those with chronic kidney disease. Achieving cure in hemodialysis patients is important in terms of preventing cross-contamination and of global elimination of HCV.

Keywords: HCV, hemodialysis patients, direct-acting antivirals, chronic hepatitis-C infection

The patient characteristics and treatment responses	
Patient Characteristics	%
Gender • Male • Women	 90 10
Treatment naive Treatment experienced • Non-responder • Relapser	45 55 45.5 54.5
Non-cirrhotic Compensated cirrhosis	90 10
Genotype • 1b • 3 • 4	 90 5 5
Treatment agent • PrOD • PrOD+ribavirin • Sofosbuvir+ribavirin	 90 5 5
HCV RNA negativity • 4th week • End of treatment • SVR 12	 85 100 100
Side effect rate (Only insomnia)	5
Complication rate	0