EFFICACY OF SOFOSBUVIR/VELPATASVIR/RIBAVIRIN COMBINATION IN CIRRHOTIC, GENOTYPE 3 HCV PATIENTS RECEIVING OPIOID SUBSTITUTION THERAPY, PREVIOUSLY FAILURES TO SOFOSBUVIR/DACLATASVIR/RIBAVIRIN

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Background: Is still unclear how to treat patients, failures to previously anti-HCV treatment with interferon-free DAA's.

Aim: To assess the efficacy and safety of Sofosbuvir/Velpatasvir/Ribavirin, in treatment-experienced to direct acting antivirals(DAA's), HCV genotype 3 infected cirrhotics receiving opioid substitution therapy(OST).

Materials/Methods: 138 HCV patients under OST, cirrhotics (compensated) or with severe fibrosis, were treated with DAA's. 41(29,71%) were infected with the HCV genotype 3 and were treated with the sofosbuvir/daclatasvir/ribavirin combination for 12w.

5(3,62% of total, 12,19% of the genotype 3 infected, males, age 47-58y) failed to respond to treatment reported above. All were cirrhotics (Fibroscan 32-75 Kp(a)). For this population, was decided to receive Sofosbuvir/Velpatasvir (400/100mg, 1x1) plus Ribavirin(1200mg) for 24w and to be followed for 12w post-treatment. The pre-treatment viral load was between 0,54-0,92x10^6IU/ml and the aminotransferase levels were: ALT 248-99U/l, AST 179-98U/l, γGT 54-203U/l. HCV-RNA was measured at 4,12,24 and 36w, general blood count and liver biochemistry were monitored monthly, and measurements of AFP and upper abdominal ultrasound were performed every 12w.

Results: Although, viral load was undetectable at the end of w4 in all patients, aminotransferase and γGT levels were abnormal during the first 12w (but with a trend of normalization). At w16 normalization of liver biochemistry was observed in all patients. At the end of treatment all patients presented normal liver biochemistry and undetectable HCV-RNA. Variceal bleeding was noted in 2 patients at w3 and 5 of treatment. No other serious side effects or events were observed. 12w after the end of treatment four patients(80%) achieved undetectable HCV-RNA. 8w later the patient who not achieved SVR developed multinodular HCC.

Conclusion: Sofosbuvir/Velpatasvir/Ribavirin for 24w is an effective treatment option for cirrhotic HCV, genotype 3, patients receiving OST, failures to sofosbuvir/daclatasvir/ribavirin, which achieves rapid HCV-RNA undetectability but no rapid normalization of liver biochemistry.

Disclosure of interest statement for all authors: None