

Service Priorities and Programmes

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Initial experience of direct acting antivirals for difficult-to-treat chronic hepatitis C infection in QEH

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Introduction

The current standard-of-care for chronic Hepatitis C (CHC) infection involves the use Pegylated-Interferon and Ribavirin. However, the response rate remains suboptimal. In patients with HCV genotype 1 infection, the sustained virological response (SVR) rate was about 50 to 60% only. Besides the treatment is associated with many side effects. Since 2014, IFN-free oral direct-acting antivirals (DAAs) have been approved by FDA for the treatment of CHC. DAAs are well-tolerated and have an excellent efficacy. However, these medications are extremely expensive and therefore many patients (e.g. prior treatment failure, cirrhosis, HIV co-infection) are still desperately waiting for this breakthrough therapy.

Objectives

This abstract summarizes our initial experience of a new DAA.

Methodology

Since August 2014, CHC patients were enrolled into a Compassionate Use Program. They received an unregistered medications on a named-patient basis - Viekera Pak [Paritaprevir/Ritonavir, Ombitasvir, Dasabuvir], co-administered with weight-based Ribavirin for 12 to 24 weeks. The patients were informed of the risk and benefit of using these new medications. All adverse reactions will be reported to Department of Health.

Result

A total of 7 CHC patients with prior treatment failure were enrolled into the program. They all belonged to the difficult-to-treat group (4 liver cirrhosis, 2 HIV co-infection, 1 with severe hematological problem). The treatment were well-tolerated and none of them experienced adverse reaction during the therapy. All of them have undetectable HCV RNA level at the end of treatment. Six of them have achieved SVR which equates to eradication of HCV. The total cost of the DAA saved (not including Ribavirin) was HK\$ 3,971,845.8. Conclusions: The initial experience demonstrated that DAA has a cure rate with an excellent safety profile.