P-003

Paritaprevir+Ritonavir+Ombitasvir+Dasabuvir±Ribavirin treatment in HCV infected chronic hemodialysis patients: A single center experience

Nilay Danis[1], Husnu Pullukcu [2], Tansu Yamazhan [2], Galip Ersoz [1], Nalan Gülsen Unal [1], Fulya Gunsar [1], Ilker Turan [1], Zeki Karasu [1], Ulus Salih Akarca [1]

[1]*Ege University Department of Internal Medicine Division of Gastroenterology*
[2]*Ege University Department of Infection Diseases*

INTRODUCTION: The prevelance of HCV in Turkey is 0.5-1.0%. According to Turkish Society of Nephrology registry, anti-HCV positivity rate was 6.94% in chronic hemodialysis patients in 2013. Beyond the liver-related mortality, HCV infection increases all kind of mortality in hemodialysis patients. In order to decrease the mortality and to eliminate the source of infection, hepatitis C must be treated in patients undergoing hemodialysis. Interferon based therapies were cumbersome and less effective in these patients, however DAAs seem highly effective and safe in patients with chronic renal failure. In this study we presented our experiences with Paritaprevir+Ritonavir+Ombitasvir+Dasabuvir (PrOD) regime in patients undergoing hemodialysis. METHODS: Since July 2016, 25 patients on chronic hemodialysis have been treated with PrOD±ribavirin. Their demographic data, HCV genotypes, and HCV RNA and ALT levels at the beginning and week 4, 12, 24 were recorded. Data of adverse effects were collected.

FINDINGS: Thirteen females, 12 males with a mean age of 55±12 (34-71) were treated. Two patients had compensated liver cirrhosis, 6 had previous renal transplantation. Basal ALT was 24.6±12.6 U/l, HCV RNA level was 5.71±5.82 logIU/ml. Genotype 1b was found in 18, 1a in 5, 1a+1b mixed infection in 2 patients. All 1a patients were given ribavirin 200 mg/day. Among 22 tested patients, 19 were HCV RNA negative at week-4, the other 3 patients' HCV RNA levels were 13, 63 and 16 IU/ml. Twenty three patients who had completed week-12 became HCV RNA negative. All 22 patients reaching posttreatment week-12 had sustained response, 1 had SVR-8. G1a patients tolerated 200 mg/day ribavirin except 1 patient who needed blood transfusion and dose reduction to every other day of 200 mg. Three patients complained pruritus, 1 had anemia. There were two patients who could not finish the treatment one of them was due to pruritus, the other one died due to heart failure.

CONCLUSIONS: In this ongoing study, there has been no treatment failure in PrOD±ribavirin treatment in hemodialysis patients. PrOD±ribavirin is highly effective and safe regime in patients undergoing hemodialysis.

Keywords: HCV, Chronic renal failure, Ombitasvir - Paritaprevir – Ritonavir – Dasabuvir

Table 1. Baseline characteristics of the patients	
Number of patients	25
Female / male	13/12
Age (mean ± SD)	55 ±12
ALT (IU/L mean ± SD)	24.6 ± 12.6
HCV RNA level (mean ± SD)	5.71 ± 5.82 logIU/ml
Genotype	
1a	2
1b	18
1a + 1b	5

DOI: 10.5152/tjg.2019.09

Table 1. Baseline characteristics of the patients	
Treatment experience	
Naive	11
Treatment-experienced	11
No data	3

Table 2. Treatment modalities and effectiveness
Planned duration of treatment
2 patients with cirrhosis: 24 weeks
23 patients without cirrhosis: 12 weeks
Drugs in use
19 patients treated with PrOD
6 patients treated with PrOD and Ribavirin (200 mg/day starting dose)
Termination of treatments
1 patient died at first week
1 patient withheld the treatment due to pruritus
SVR 12
23 patients reached to SVR 12

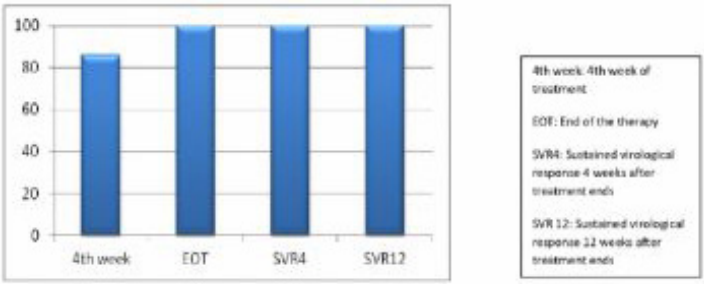

Figure1. Per protocol analysis for virological response

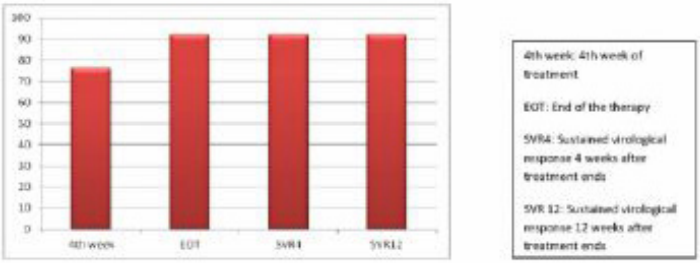

Figure 2. ITT analysis for virological response