中文題目：口服抗病毒藥物 daclatasvir 加 asunaprevir 對於治療台灣慢性 C 型肝炎第 1b 型感染患者的療效和安全性

英文題目：Efficacy and safety of daclatasvir plus asunaprevir therapy for Taiwanese chronic hepatitis C patients with genotype 1b infection

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Background: All oral direct acting antivials (DAAs) achieve high sustained virological response (SVR) rates in patients with chronic hepatitis C virus (HCV) infection. In Asian countries, the dual therapy with daclatasvir and asunaprevir was reported well tolerated and achieved high SVR rates in patients with chronic HCV genotype 1b infection, including patients with Child A stage liver cirrhosis. Recently, the dual therapy has been reimbursed by the National Health Insurance in Taiwan. The studies aimed to survey the efficacy and safety of dual therapy with daclatasvir and asunaprevir in Taiwanese patients with HCV genotype 1b infection.

Materials and Methods:
We retrospectively analyzed clinical data from chronic HCV genotype Ib patients treated with daclatasvir and asunaprevir from June 2014 to January 2017 at Kaohsiung Medical University Hospital. Total 20 patients (8 males and 12 females, mean age: 64.2 years) without the NS5A resistance-associated substitution have been treated with dual therapy for 24 weeks and followed up for 12 weeks.

Results: All patients achieve undetectable HCV RNA at end of therapy (EOT) and at 12 weeks (end of follow up; EOF) after cessation of therapy (SVR12). Four (20%) patients, 17 (85%) patients, and 20 (100%) patients had undetectable HCV RNA with daclatasvir and asunaprevir at week 2, week 4 and week 24, respectively. The serum aminotransaminase levelsand the aspartate aminotransferase to platelet ratio index were improved after the treatment. The mean (range) baseline Cre, eGFR(MDRD), AST, ALT and total bilirubin (T-bil) levels were: 0.84(0.6~1.3) mg/dL, 83.78 (100~120) ml/min/1.73m^2, 83.2 (30-224) IU/L, 93.23 (34-230) IU/L and 0.70(0.29-1.24) mg/dL. In all patients, there was neither significant increase of these liver function markers up to 2 times upper limit of normal nor acute exacerbation or decompensation at end of follow up. With 1 patient with ESRD, all 19 patients did not had increase of >0.3 mg/dL of creatine at EOF.

Conclusion: We concluded that dual therapy achieved very high SVR rates and was well tolerated in Taiwanese patients with HCV genotype 1b infection. Further results of large number of treated patients are expected.