

中文題目：以直接作用抗病毒藥物(DAA)治療慢性C型肝炎在南臺灣的效果

英文題目：Direct-acting antiviral agents (DAAs) for chronic hepatitis C in southern Taiwan

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前言/Background:

Several direct acting antiviral agents (DAAs), including Sofosbuvir (SOF) plus different NS5A inhibitors, and a non-SOF-based DAAs including Glecaprevir/pibrentasvir (GLE/PIB), have been approved and reimbursed by National Health Insurance for treating chronic hepatitis C (CHC) genotype-2 patients in Taiwan. Data of real-world effectiveness of these DAAs in genotype-2 CHC patients are still limited.

目的/Aims :

We aimed to evaluate the real-world sustained virological response (SVR) of glecaprevir/pibrentasvir (GLE/PIB), and SOF-based DAAs regimens in CHC genotype 2 patients receiving completed courses of therapy.

材料及方法/Methods :

This retrospective study enrolling CHC patients with genotype 2 infection treated with various SOF-based DAAs and GLE/PIB at single medical center in Kaohsiung City from December 2013 to July 2019. The treatment regimens including SOF+ribavirin (RBV), SOF/daclatasvir (DCV)±RBV, SOF/ledipasvir (LDV), and SOF/velpatasvir (VEL) for 12 weeks, and GLE/PIB for 8 or 12 weeks. All patients have received completed courses (planned duration) and with data of HCV viral load data at 12 weeks after completion of DAAs therapy (end of follow up; EOF). We excluded patients who with treatment discontinuation, loss of follow-up, and who expired during or after treatment. The primary effectiveness endpoint was clearance of the HCV RNA at EOF (SVR12).

結果/Results :

Till 20 December, 2019, a total of 704 patients (male 37.8%, mean age 62.7±11.8 years) with HCV genotype 2 infection were enrolled. The patients were treated with SOF+RBV (n=229), SOF/DCV±RBV (n=123), SOF/LDV (n=140), and SOF/VEL (n=16) for 12 weeks, and GLE/PIB (n=196) for 8 (n=149) or 12 (n=47) weeks. The

overall SVR12 rate was 97.9%. The SVR12 rate was significantly lower in SOF+RBV group (95.6%) than groups of SOF/DCV±RBV (100%) (p=0.017) and GLE/PIB (99.5%) (p=0.013), but similar to groups of SOF/LDV (97.1%) (p= 0.461) and SOF/VEL (100%) (p=1.0). SVR12 rates were similar in all other four DAA regimens. In patients with advanced chronic kidney disease (CKD stage 4 or 5) (n=37) treated with GLE/PIB, SVR12 rates were similar to patients without advanced CKD (100 % vs. 97.8%, respectively, p=1.0).

結論/Conclusions :

In southern Taiwan, for HCV-2 patients with completed course of therapy, SVR12 rate is significantly lower in SOF+RBV regimen. SOF in combination with DCV±RBV, LDV, or VEL and GLE/PIB achieve similar high efficacy. Advanced CKD population treated with GLE/PIB also has high SVR12 rate.