O-09

Prevalencia basal de Y93H en pacientes cirróticos infectados por genotipo 3 en España

AB Pérez [1], M Álvarez [1], JA Pineda [2], D González [1], MA Von-Wichmann [3], FJ Salmerón [1], A Rivero-Juárez [4], F Téllez [5], FJ Vera [6], J Santos [7], A Alcaraz [8], M Omar [9], AB Lozano [10], A De La Iglesia [11], I Ugarteburu [3], F García [1]

[1] Hospital Universitario de San Cecilio de Granada, [2] Hospital Universitario de Valme, [3] Hospital Donostia, [4] Hospital Universitario Reina Sofía, [5] Hospital de la Línea de la Concepción/H Puerto Real, [6] Hospital Santa Lucía, [7] Hospital Virgen de la Victoria, [8] Hospital Reina Sofía, [9] Complejo Hospitalario de Jaén, [10] Hospital de Poniente, [11] Complejo Hospitalario Huelva

Guías AEEH/EASL

Pacientes con cirrosis compensada

- **Preferente:**
  - Sofosbuvir/Velpatasvir 12 semanas (AI)

Guías AEEH/EASL

Pacientes con cirrosis compensada

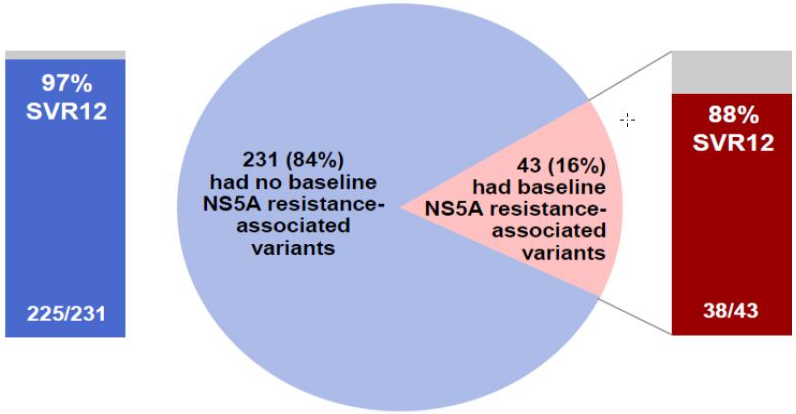
- **Preferente:**
  - Sofosbuvir/Velpatasvir 12 semanas (AI)

Table 7. Treatment recommendations for HCV-monoinfected or HCV/HIV coinfected patients with chronic hepatitis C with compensated (Child-Pugh A) cirrhosi including treatment-naïve patients and patients who failed on a treatment based on pegylated IFN-α and ribavirin (treatment-experienced, DAA-naïve patients

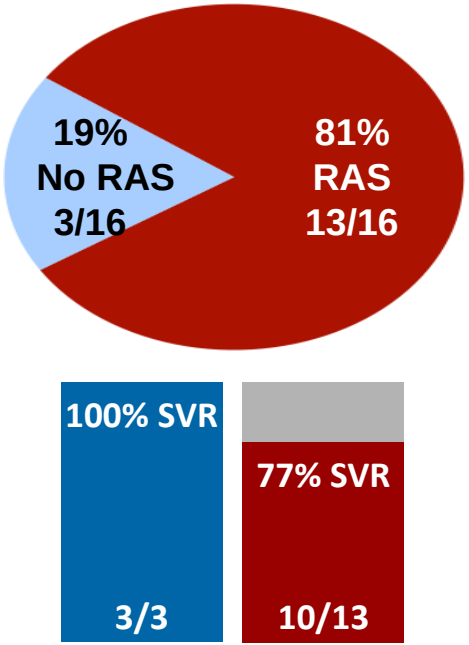
Patients	Treatment-naïve or -experienced	Sofosbuvir/ ledipasvir	Sofosbuvir/ velpatasvir	Ombitasvir/ paritaprevir/ ritonavir and dasabuvir	Ombitasvir/ paritaprevir/ ritonavir	Grazoprevir/ elbasvir	Sofosbuvir and daclatasvir	Sofosbuvir and simeprevir
Genotype 3	Treatment-naïve	No	12 wk with ribavirin[c] or 24 wk, no ribavirin	No	No	No	24 wk with ribavirin	No
	Treatment-experienced							

[c]Add ribavirin only in patients with NS5A RAS Y93H at baseline if RAS testing available.

Sofosbuvir Velpatasvir
GT3, RAS basales



Foster NEJM 2015



Edward J. Gane1, EASL Barcelona 2016

Treatment-naive Genotype 3 with Compensated Cirrhosis

Recommended Regimens by evidence level and alphabetically for:

Genotype 3, Treatment-naive Patients, with Compensated Cirrhosis ‡

RECOMMENDED	DURATION	RATING
Daily fixed-dose combination of sofosbuvir (400 mg)/velpatasvir (100 mg) ¶	12 weeks	I, A
Daily daclatasvir (60 mg*) plus sofosbuvir (400 mg) with or without weight-based ribavirin ¶	24 weeks	IIa, B

‡ For decompensated cirrhosis, please refer to the appropriate section.

* The dose of daclatasvir may need to increase or decrease when used concomitantly with cytochrome P450 3A/4 inducers and inhibitors, respectively. Please refer to the prescribing information and the section on HIV/HCV coinfection for patients on antiretroviral therapy.

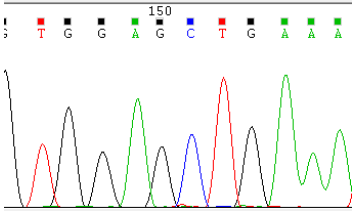
¶ RAS testing for Y93H is recommended for cirrhotic patients and ribavirin should be included in regimen if present.

Objetivo

- Conocer la prevalencia de Y93H en los pacientes genotipo 3 cirróticos del subestudio de resistencias basales de la cohorte GEHEP004.

Métodos

NS5A



- RAS NS5A[1]: Cualquier cambio en 28, 29, 30, 31, 32, 58, 62 y 93

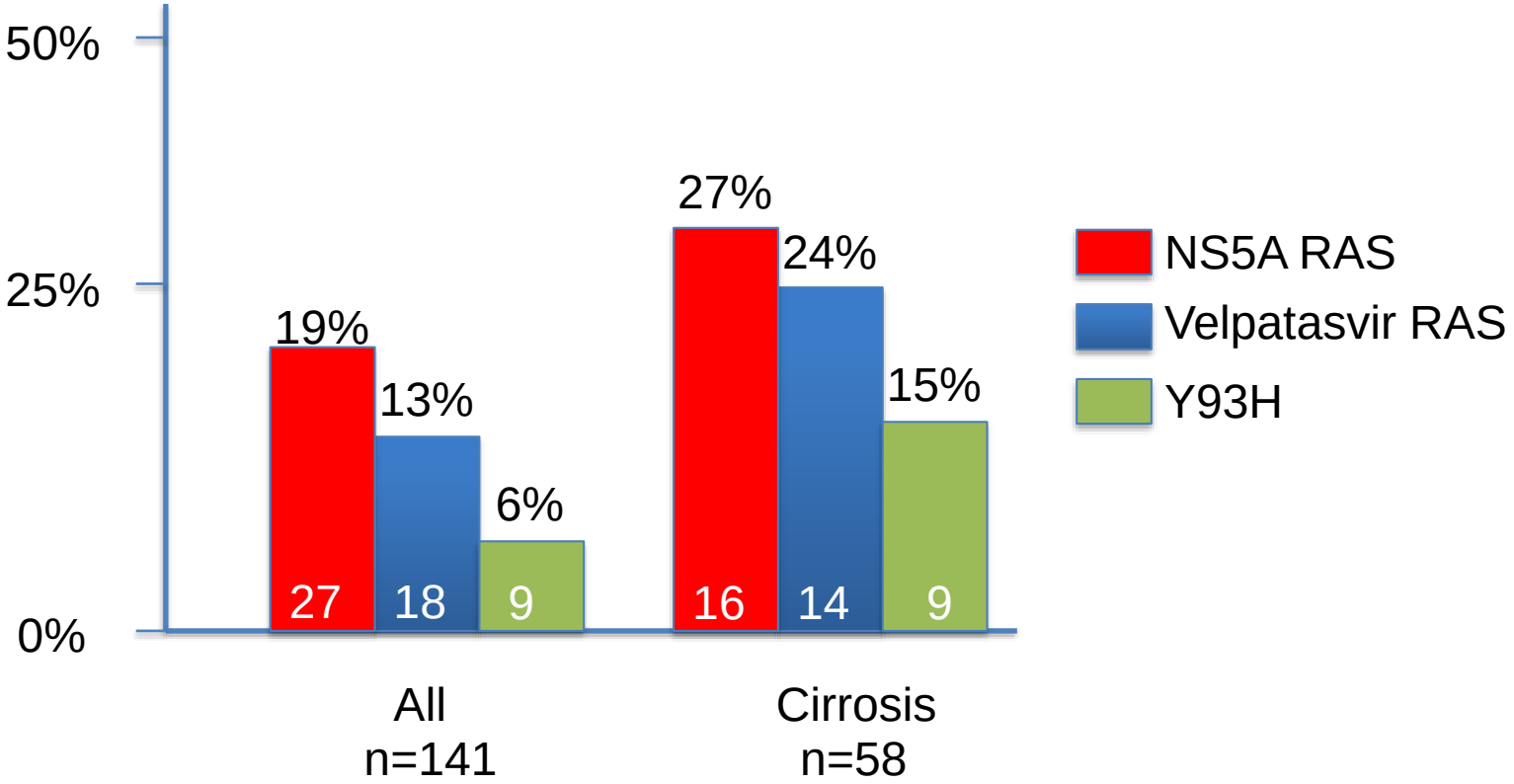
- RAS VELPATASVIR [2]: 30 K, 31 M/P/V, 92 K, y **93 H**/N/R

[1] Lontok et al, Hepatology 2015; [2] Ficha Técnica

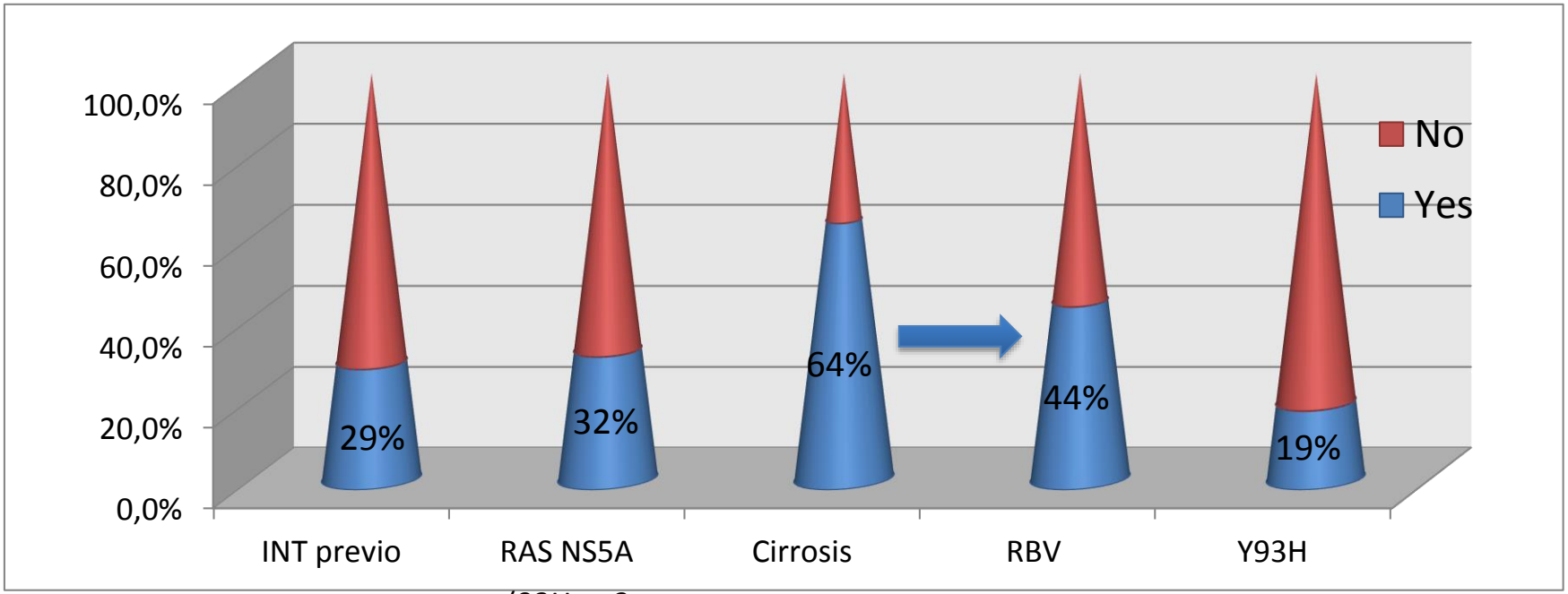
Características basales

	GT3 n=141	
Hombres	82%	
Edad mediana (IQR)	52 (48-56)	
Experiencia previa con IFN	19%	
Cirrosis (>12,5 Kpa)	41%	
Tratamiento iniciado n=91	Sofosbuvir-Daclatasvir±RBV Sofosbuvir-Velpatasvir±RBV Sofosbuvir-PR Sofosbuvir-Ledipasvir-RBV	n=62 n=25 n=2 n=2

Prevalencia de RAS



Sofosbuvir-Velpatasvir



Conclusiones

- Aunque la prevalencia de mutaciones de clase NS5A en genotipos 3 es elevada, la prevalencia de Y93H asociada a menor tasa de RVS a Sofosbuvir/Velpatasvir es menor.
- La prescripción de Epclusa® en nuestra serie se ha acompañado de Ribavirina en casi la mitad de los casos con cirrosis, a pesar de que sólo el 19% presentaban Y93H.