Patients infrequently fail first line hepatitis C therapy. For those who do, second line therapy options include Sofosbuvir/Velpatasvir/Voxilaprevir (S/V/V) and Sofosbuvir/Glecaprevir/Pibrentasvir (S/G/P) (+/r) for difficult-to-cure patients as per EASL 2018 treatment guidelines.

To date, 11/12 prior NS5a failures who completed a prescribed course of S/V/V have achieved SVR12. S/V/V, but has achieved an SVR4 following a 24 week regimen of S/G/P/RBV

We sought to examine the efficacy of the containing regimens.

Sixteen patients with NS5a treatment failure were identified, receiving 17 second-line treatments (12 S/V/V, 5 S/G/P). 6 had additionally failed interferon regimens, and 3 non NS5a containing Sofosbuvir regimens.

Baseline characteristics

<table>
<thead>
<tr>
<th>Regimen</th>
<th>GT</th>
<th>RBV</th>
<th>Prior failed regimens</th>
<th>NS5A RASs</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/V/V</td>
<td>1A</td>
<td>N</td>
<td>N/Graz/Elb/RBV</td>
<td>Y93H</td>
<td>SVR 12</td>
</tr>
<tr>
<td>S/V/V</td>
<td>1A</td>
<td>N</td>
<td>N/Graz/Elb/M28A-Q30R</td>
<td>M28A</td>
<td>EOTR</td>
</tr>
<tr>
<td>S/V/V</td>
<td>1A</td>
<td>N</td>
<td>N/Graz/Elb/S/Vel/RBV</td>
<td>A30K</td>
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</tr>
</tbody>
</table>

**CONCLUSIONS**

- To date, 11/12 prior NS5a failures who completed a prescribed course of S/V/V or S/G/P have achieved SVR 12
- 1 heavily pre-treated patient with cirrhosis in a liver transplant failed S/V/V, but has achieved an SVR4 following a 24 week regimen of S/G/P/RBV
- Both regimens have demonstrated good efficacy in this heavily pre-treated cohort of patients and appear to be well tolerated

**ACKNOWLEDGEMENTS**

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**REFERENCE**


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**INTRODUCTION**

Patients infrequently fail first line hepatitis C therapy. For those who do, second line therapy options include Sofosbuvir/Velpatasvir/Voxilaprevir (S/V/V) and Sofosbuvir/Glecaprevir/Pibrentasvir (S/G/P) (+/r) for difficult-to-cure patients as per EASL 2018 treatment guidelines.

**AIM**

We sought to examine the efficacy of the containing regimens.

**METHOD**

- Patients commencing treatment with S/V/V or S/G/P were identified from the Scottish HCV database
- Baseline data on age, sex, cirrhosis, genotype and prior treatments identified
- Baseline resistance, where available, was recorded from laboratory records
- Testing for NS5a resistance associated substitutions (RAS) was performed using in house population sequencing
- Sustained Viral Response (SVR) was obtained from the database, where available

**NEW FINDINGS**

- Sixteen patients with NS5a treatment failure were identified, receiving 17 second-line treatments (12 S/V/V, 5 S/G/P). 6 had additionally failed interferon regimens, and 3 non NS5a containing Sofosbuvir regimens.
- Baseline characteristics

**CONCLUSIONS**

- To date, 11/12 prior NS5a failures who completed a prescribed course of S/V/V or S/G/P have achieved SVR 12
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