DIRECT ACTING ANTIVIRALS IN KIDNEY TRANSPLANT RECIPIENTS WITH HEPATITIS C VIRUS INFECTION: RESULTS OF A SPANISH MULTICENTER STUDY

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HCV seropositivity is related to worse recipient and graft survival. This negative effect seems to be a consequence, at least up to a certain point, of virus replication status. Until now treatment of HC has been advised against based on interferon after kidney transplant in most cases. However, the emergence of the new direct-acting antivirals offers us the chance of saf
and effective HC treatment in patients with end stage renal disease (ESRD), before or after kidney transplant.

METHODS: In a prospective and retrospective observational study we analyzed HC treatment with new interferon-free DAA with kidney transplant recipients in several hospitals around Spain (GREAT group), regarding to efectiveness, tolerance and impact on inmunosuppression, renal function-proteinuria and diabetes, in a medium term.

RESULTS:

DEMOGRAPHIC DATA

Sex	69,7% male
Mean age	54,2 ± 9 yo
DM	32%
Average time on renal replacement therapy	18.9 ± 12 years
Average time since transplant	11.4 ± 10 years
Re-transplant	37 %
Another organ transplant	9,3%
CKD 3	48.7 %
CKD 4	6.1 %

INMUNOSUPRESSIVE THERAPIES

TACROLIMUS	69,7%
CICLOSPORINE	17,6%
NO ANTICALCINEURINE	12,7%
+ MICOFENOLATE	76%
WITHOUT STEROIDS	34,1%

TACRO + MMF 55,5%

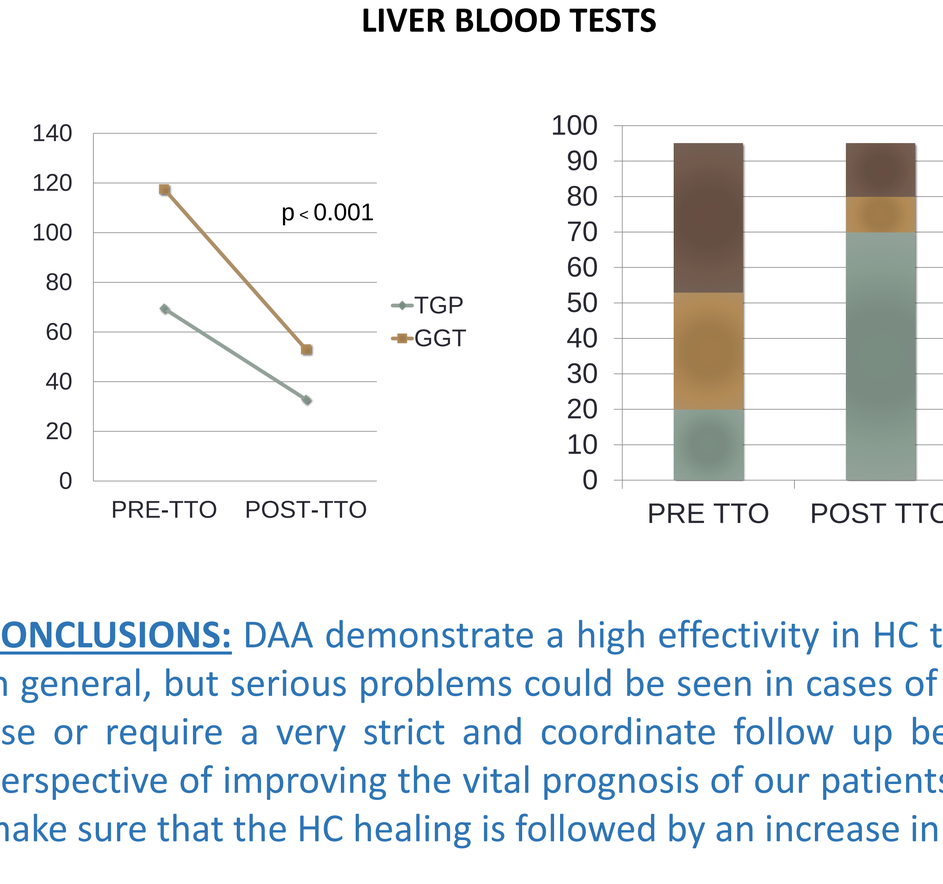
GENOTYPE

1 b	66,4%
1 a	13,4 %
3	7,5 %
4	5,9 %
2	4,2 %

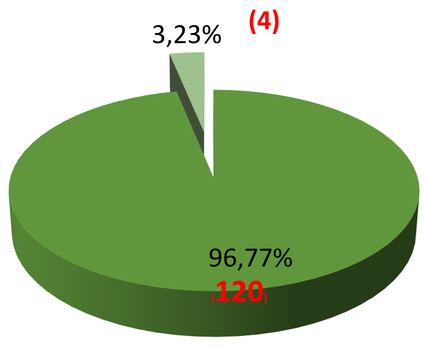
LIVER DISEASE

Viral load (average)	1.25 x 10E6
HBV	3.4 %
HIV	1.7 %
Fibrosis Grade 3 Grade 4	 25 % 26 %
Portal Hipertensión	17 %
Hepatocarcinoma	4.2 %

DIRECT ACTING ANTIVIRALS TREATMENTS

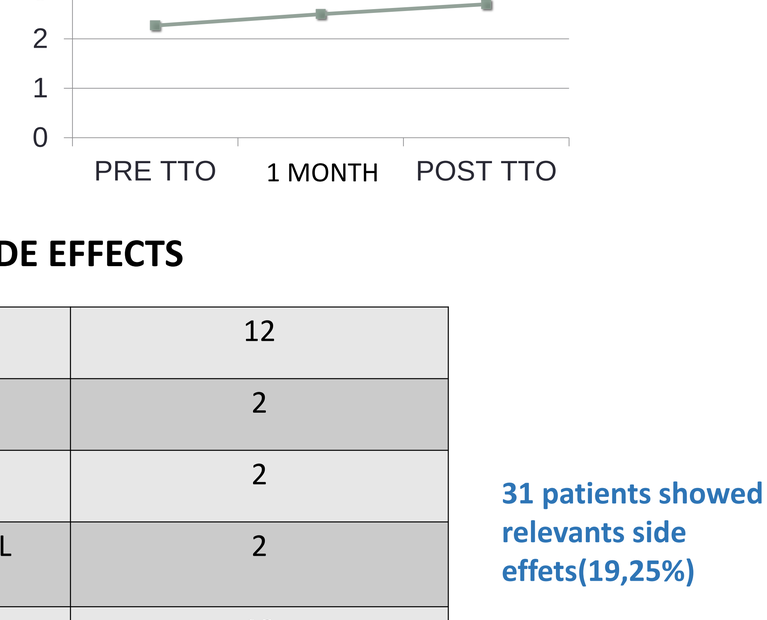


VIROLOGICAL RESPONSE

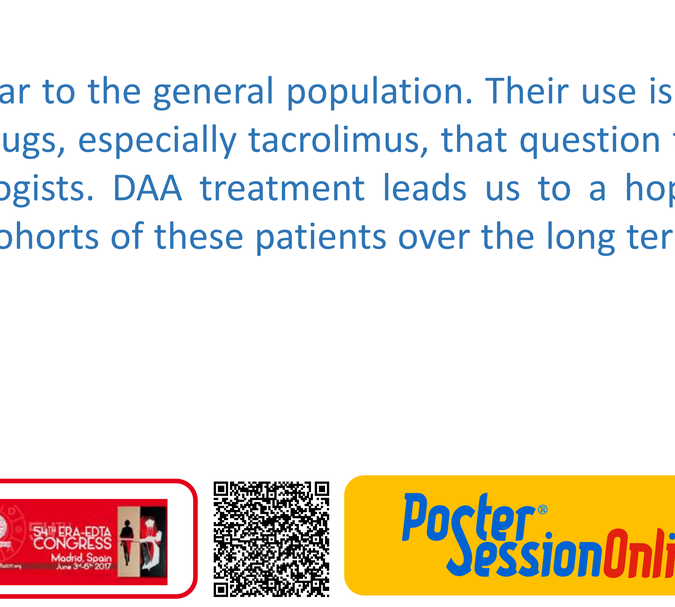


Virological response at 4th week : 77,6%
SVR12: 100%

KIDNEY FUNCTION



TACROLIMUS



LIVER BLOOD TESTS

SIDE EFFECTS

ANEMIA	12
HEPATOTOXICITY	2
NEUROTOXICITY	2
GASTROINTESTINAL EVENTS	2
OTHERS	13

31 patients showed relevants side effets(19,25%)

CONCLUSIONS: DAA demonstrate a high effectivity in HC treatment in kidney transplant recipients, similar to the general population. Their use is safe in general, but serious problems could be seen in cases of concomitant use of 3D and anti-calcineurin drugs, especially tacrolimus, that question their use or require a very strict and coordinate follow up between hepatologists and transplant nephrologists. DAA treatment leads us to a hopeful perspective of improving the vital prognosis of our patients. However, it would be necessary to analyze cohorts of these patients over the long term to make sure that the HC healing is followed by an increase in survival among our patients as we hope.

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Renal transplantation - Treatment & immunosuppre
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DOI: 10.3252/pso.eu.54ERA.2017
ePosters supported by F. Hoffmann- La Roche Ltd.