

HEPATITIS C VIRUS IN KIDNEY TRANSPLANT RECIPIENTS: DIRECT ACTING ANTIVIRALS TREATMENT. ERADICATION OF A PROBLEM

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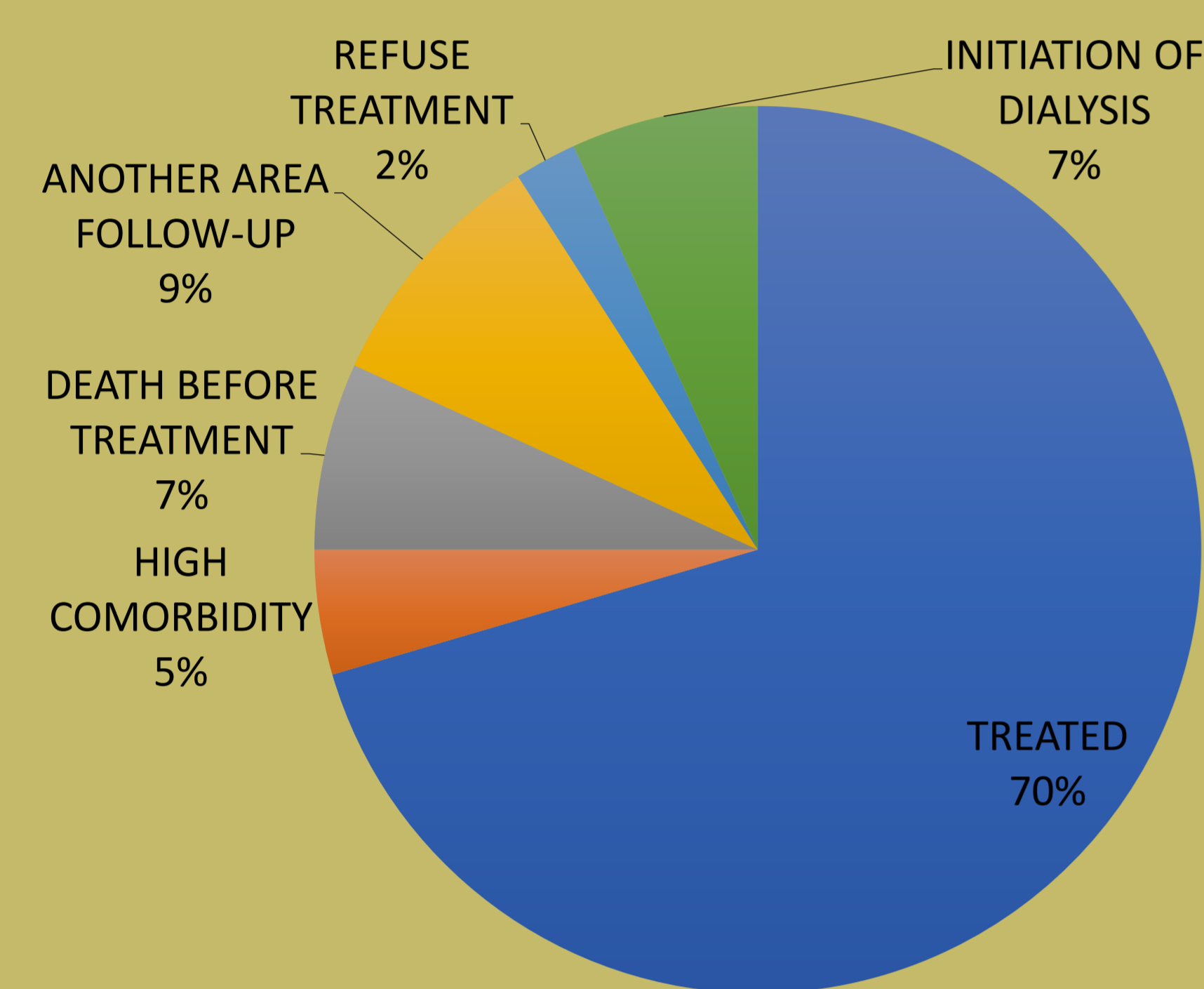
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HCV in kidney transplant recipients is related to a poor recipient and graft survival. The new antivirals are making a radical change of the problem. We analyze the effects of the treatment in a local transplant program.

OBJETIVES: We study the HCV prevalence in the transplant time and in follow up patients, how we handle the cases with viral replication and the results of new antiviral treatments.

METHODS: Since 1978 until December 31 of 2016, 2150 transplants have being performed in our center(144 from living donors). We have pre or peri transplant serology in 2000 cases, being positive for 13,4% of the cases, a drop in the incidence over the years is being observed. 1345 transplant recipients are still being followed for our service, only 58 (4,3%) are HCV positive, with viral replication in 44 (3,2%).

RESULTS:



HCV+/DNA+ 44 patients	
TREATED	31
HIGH COMORBIDITY	2
DEATH BEFORE TREATMENT	3
ANOTHER AREA FOLLOW-UP	4
REFUSE TREATMENT	1
INITIATION OF DIALYSIS	3

DEMOGRAPHIC DATA

Sex	71% male
Mean age	50.0±9 yo
DM	38%
Mean time of CKD	255±130months
Mean time of kidney transplantation	145±125months
Kidney retransplantation	36%
Another organ transplantation	15%
CKD 3-4	52%

IMMUNOSUPPRESSION

Tacrolimus	78%
Ciclosporine	18%
No anticalcineurine	4%
w/o steroids	20%
MMF	86%

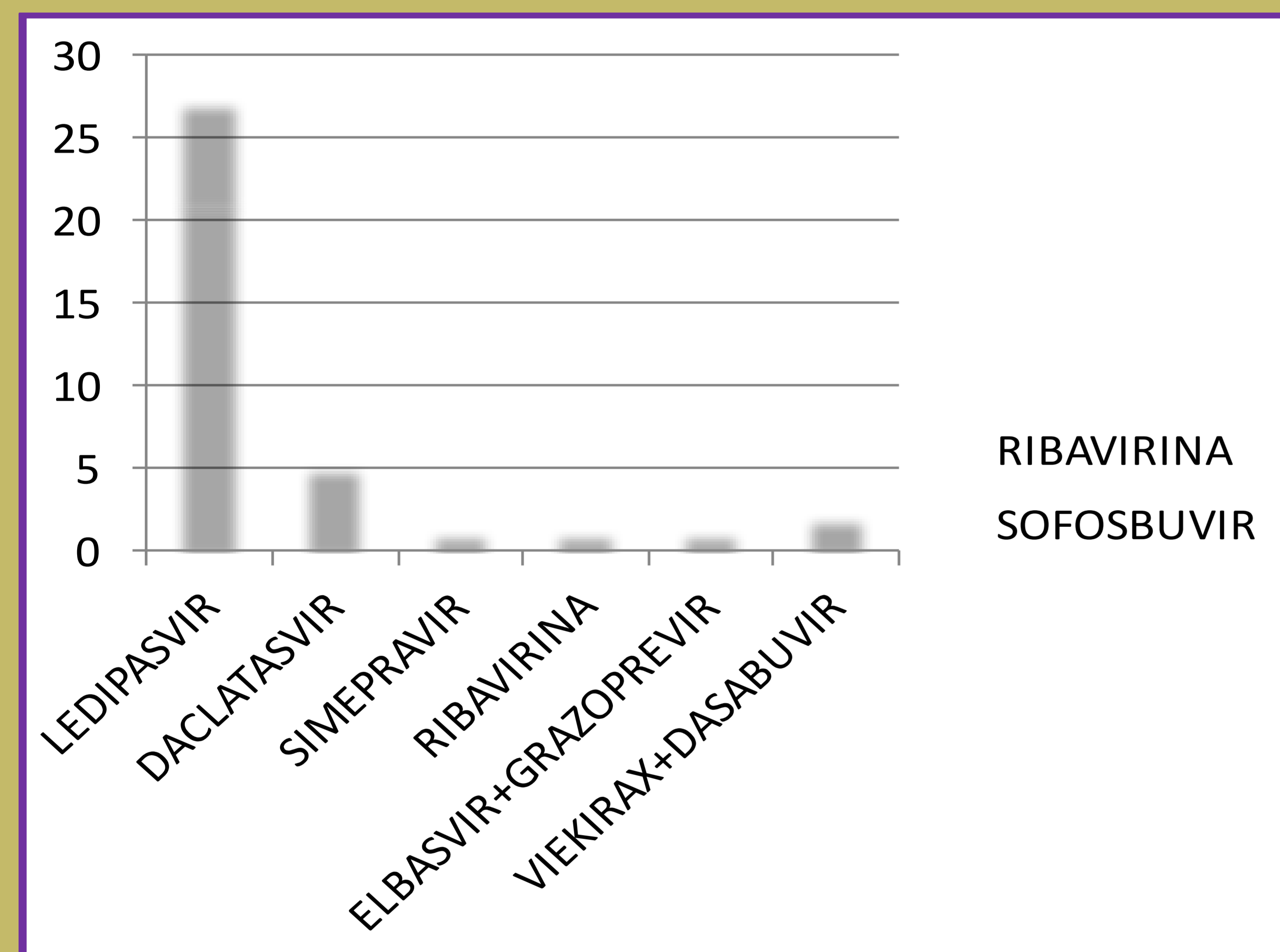
LIVER DISEASE

HBV/HIV COINFECTION	0%
FIBROSIS 3-4	29%
PORTAL HYPERTENSION	20%
HEPATOCAARCINOMA	3%
PREVIOUS TREATMENT FAILURE	35%

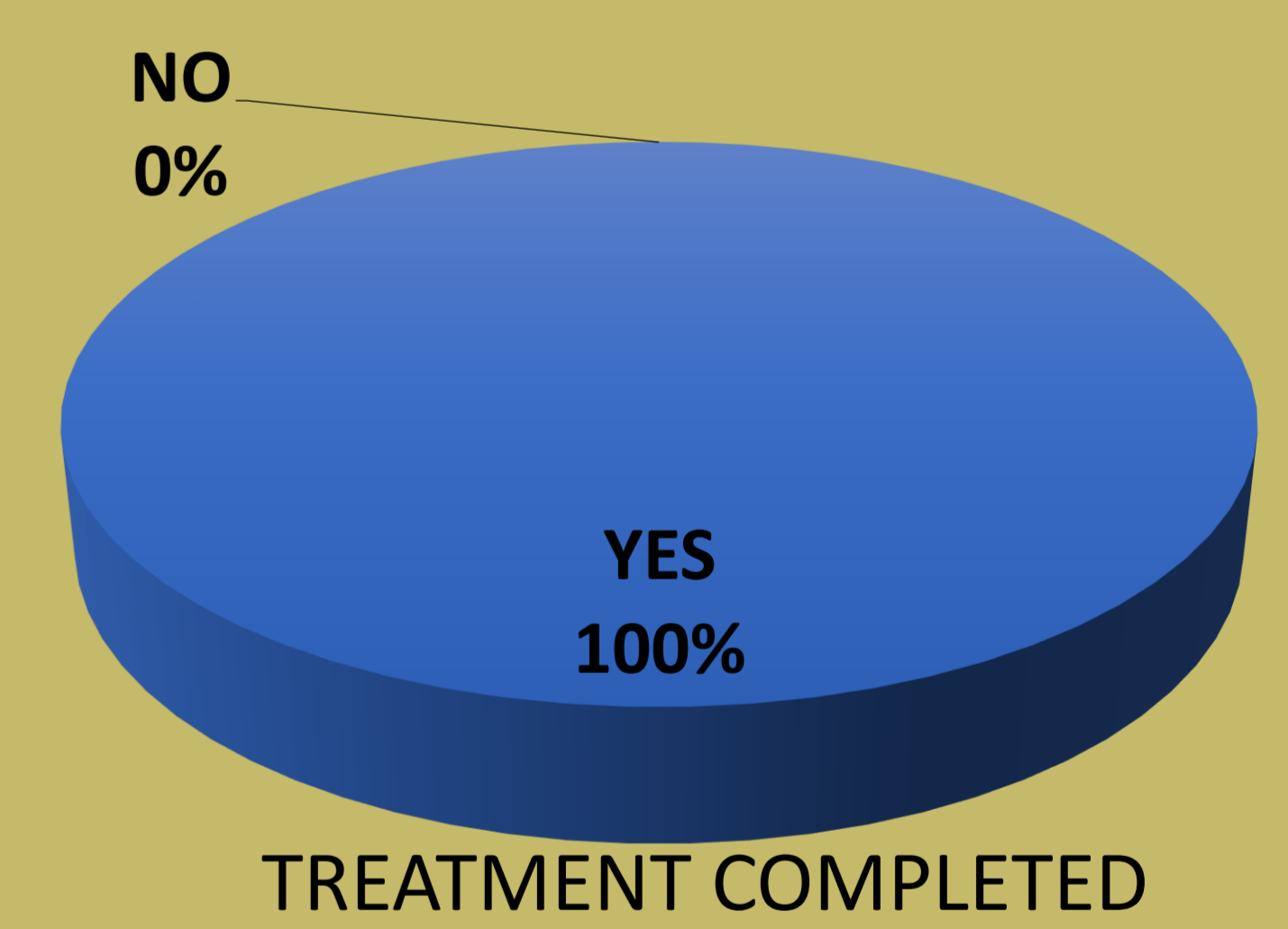
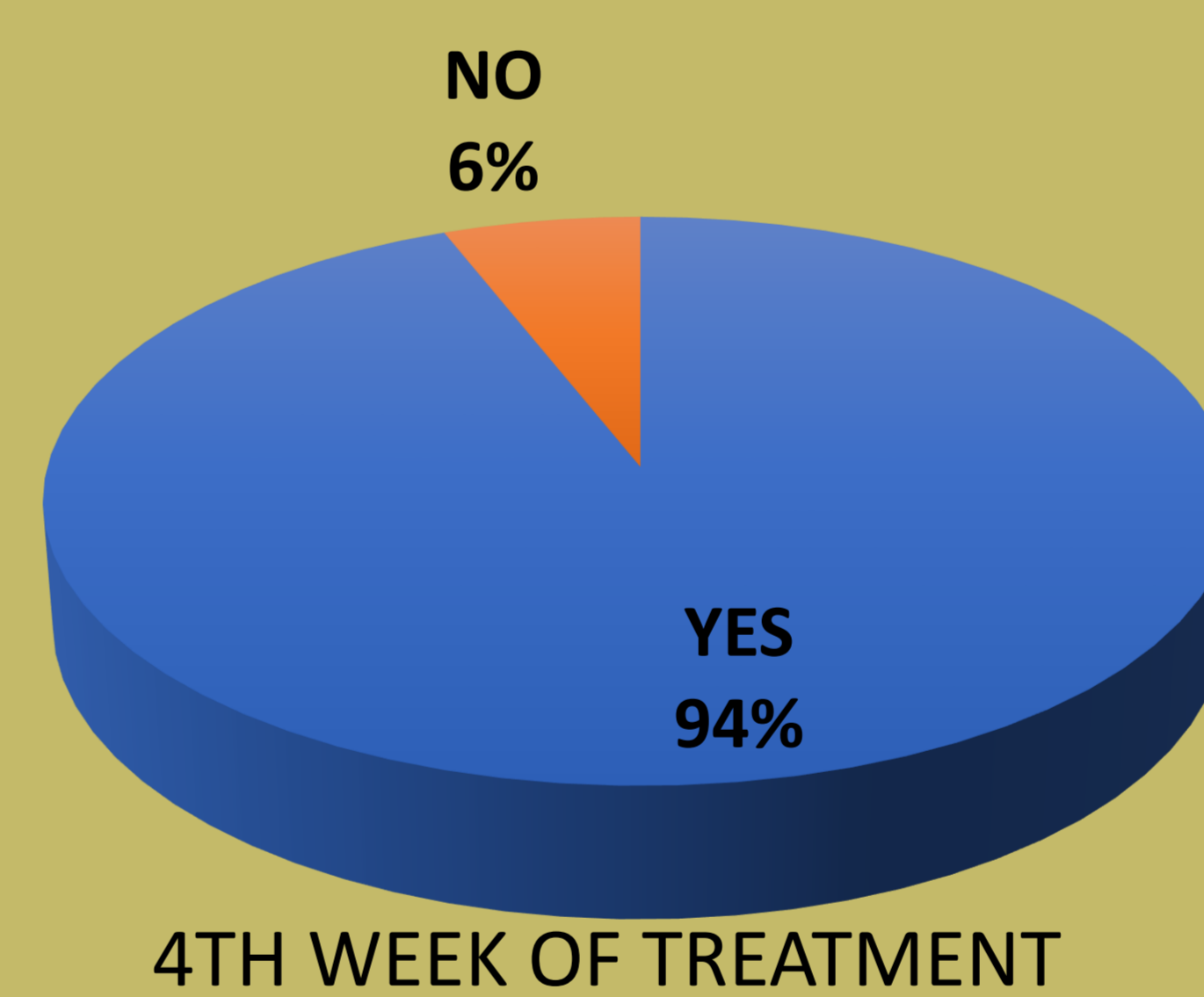
GENOTYPE

1a	9.5%
1b	67%
3	14%
4	9.5%
Viral load	3.0±4.6 x10 ⁶

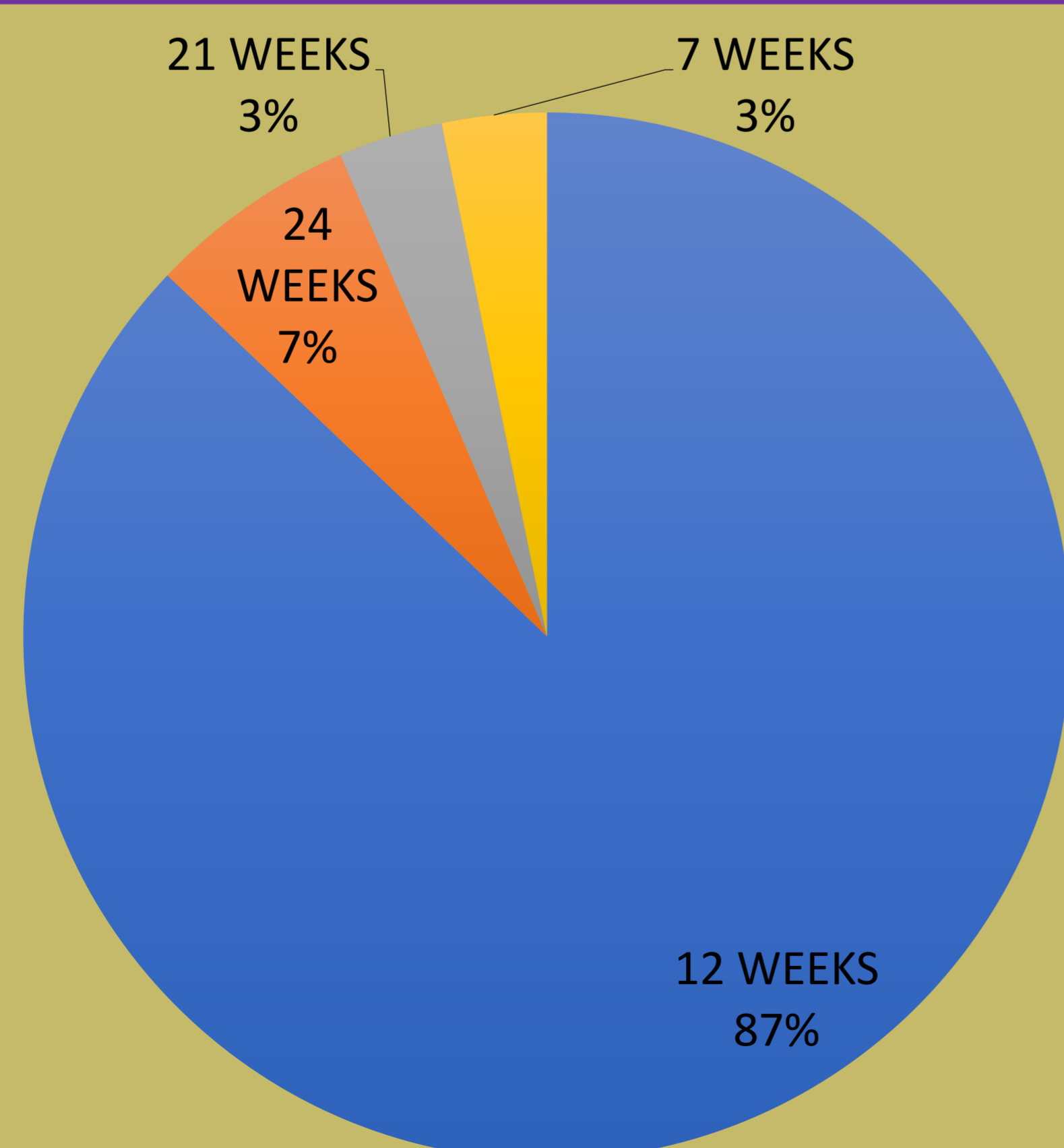
DIRECT ACTING ANTIVIRAL TREATMENT



VIROLOGICAL RESPONSE



TREATMENT DURATION



SUSTAINED VIRAL RESPONSE

SVR-7	1 patient
SVR-10	1 patient
SVR-12	29 patients

ADVERSE EFFECTS

ANEMIA	4
AKI	1
HEPATOTOXICITY	1
MINOR SIDE EFFECTS	3

CONCLUSIONS: The prevalence of HCV in kidney transplant recipients is about to decrease along the time because of a lower incidence and a negative selection. The use of new antivirals lead us to a virtual eradication of this high negative factor that HCV is for our patients, with a significant better prognosis for renal recipients. Otherwise, the treatment of these patients is difficult because of the use of many medications and immunosuppression, that is why it requires a close collaboration between nephrologists and hepatologists.