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A SINGLE CENTRE EXPERIENCE OF SHORT COURSE TREATMENT FOR CHRONIC HEPATITIS C GENOTYPE 2/3 INFECTION IN PATIENTS WITH RAPID VIRAL RESPONSE

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Introduction There is increasing incidence of chronic hepatitis C in Wales with estimated 12 000 individuals infected with the virus giving a prevalence of 0.4% of the population. Welsh BBV Action Plan expects more patients to be treated each year. The treatment is associated with significant side-effects and cost implications. The authors report their experience in the treatment of hepatitis C genotype 2/3 patients.

Methods All patients treated in Singleton Hospital were prospectively audited between January 2007 and December 2009. All patients were genotyped and selected patients had liver biopsies. Hepatitis C PCR/viral load was checked at 4 weeks and 6 months post-treatment. Patients with rapid virological response (RVR), that is, negative PCR at 4 weeks were offered 16 weeks combination therapy unless they are cirrhotic.

Results 147 patients were treated from January 2007 till August 2010. 83 patients were genotype 1, four genotype 4, six genotype 2, 50 genotype 3 while four were unknown genotypes.

Of the 44 patients with genotype 2/3 who underwent treatment between January 2007 and December 2009, 22 (6 genotype 2 and 16 genotype 3) were treated with 16 weeks combination therapy following RVR. 3 of these 22 lost to follow-up, one stopped treatment because of serious adverse event and 18 patients showed sustained viral response (SVR) at 6 months post-treatment giving an SVR rate of 81% (18/22). Of the other 22 patients (20 without RVR and 2 with RVR but

cirrhosis) were given 24 weeks of treatment, 1 lost follow-up, 12 patients achieved SVR, 8 did not while SVR couldn't be done in 1 patient despite of all efforts; giving SVR rate in this cohort of 55% (12/22).

Conclusion In their experience, 16 weeks short course combination peginterferon and ribavirin is effective for hepatitis C genotype 2/3 patients. Patients with RVR are associated with a significant better outcome (SVR) compared to those without, that is, 81% versus 50%. Short course treatment will reduce treatment and monitoring costs and duration of side effects. It also allows more patients to be treated each year.

Competing interests None.

Keywords hepatitis C, rapid viral response.