PWE-126 TELAPREVIR WITH ADJUSTED DOSE OF RIBAVIRIN IN NAIVE CHC-G1: EFFICACY AND TREATMENT IN CHC IN HEMODIALYSIS POPULATION. TARGET C (RCT)

doi:10.1136/gutjnl-2013-304907.414

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Introduction Chronic hepatitis C (CHC) in Hemodialysis population is 3%. Standard of care (SOC) offers reduced dose of Peg IFN Alfa (p-IFNα) and reduced Ribavirin doses eliciting sub optimal SVR of 27%. Morbidity and mortality of CHC has impact on liver kidney transplant and graft failure. Triple therapy is SOC in CHC. Telaprevir is not cleared renally and hence is safe in dialysis population. This study evaluated the triple therapy in naïve CHC-G1 in hemodialysis in Respond Guided Therapy (RGT)

Methods Thirty five patients (n = 35) naïve CHC-G1 were recruited. Group A-(n = 18): p-IFNα 135 mcg once weekly, Telaprevir 750 mg two tablets-TID four days and three tablets BID post dialysis for three days; along with RBV 400 mg daily for 12 weeks followed by p-IFNα 135mcg plus RVB 400 mg till 24 weeks Group B-(n = 17) p-IFNα 135 mcg once weekly with Telaprevir same as Group A with RBV 200 mg for 12 weeks followed by p-IFNα 135mcg with RBV 400 mg till 48 weeks. Viral load to follow RGT.

Results

Conclusion This study demonstrates higher SVR comparing traditional SOC on hemodialysis CHC-G1 patients. Extended 48 weeks had no benefits. Multi-centre trials to follow.

Disclosure of Interest None Declared.

PWE-127 RESTLESS LEG SYNDROME, (RLS) IS ASSOCIATED WITH HEPATIC ENCEPHALOPATHY (HE) IN DECOMPENSATED CIRRHOSIS. A CLINICAL PILOT STUDY

doi:10.1136/gutjnl-2013-304907.415

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Introduction RLS affects 10% of the general population, affecting the quality of life (QOL). Exact aetiology is still unknown. Iron deficiency, small intestinal bacterial overgrowth (SIBO) and inflammatory bowel disease (IBD) have clear association with RLS. Decompensated cirrhosis with portal hypertension has multi-organ involvement causing minimal and overt encephalopathy with sleep: dysnomia, parasomnia, and stupor which has clear association with Sub acute bacterial Peritonitis (SBP) which has precipitating clinical state with SIBO, This clinical study evaluates the association of RLS in HE amongst decompensated cirrhotics.

Methods One hundred eight (n = 108) patients were recruited. Group A (n = 36) decompensated cirrhotic (mean MELD 16, OHE 20/36(55%), MHE 16/36(44%), esophageal varices grade II 24/36(67%). Group B (n = 36) chronic liver disease- Alcohol 9/36(25%) NASH 12/36(33%) HCV 12/36(33%) HBV 1/36(3%) AIH 2/36(6%) with mean MELD 6).without cirrhosis Group C (n = 36) healthy controls. Initially all received Xifaxan 550mg orally twice daily for 10 days to eradicate co-existing SIBO. All underwent Methane breath test for SIBO. Baseline labs: Serum levels for renal function, ferritin, iron studies, haemoglobin/hematocrit, ammonia, celiac, and IBD serology, stool lactoferrin & calprotectin and urine for toxicology screening. Groups A and B underwent neuro-psychometric and flicker testing for MHE and OHE and sleep testing for RLS (with Mayo RLS questionnaire). Exclusion: Chronic iron deficiency, Celiac, IBD, major depression, IBS, benzodiazepines, narcotics, alcohol, anti-psychotics and illicit drugs.

Results Group A 24/36(67%) had RLS: [OHE 16/20 (80%), MHE 8/16 (50%), esophageal varices 8/10(80%), alcoholic cirrhotic 10/14(71%), CHC 3/6(50%), NASH 3/6 (50%) and SIBO 14/36 (39%)]. Group B 1/36(3%) RLS and SIBO 7/36(19%). Group C 2/36(6%) RLS and SIBO 3/36(8%). All confirmed by sleep study and RLS questionnaire. Serum ammonia has no impact on RLS.

Abstract PWE-126 Table

	AVR 1 week	VRVR 2 weeks	RVR 4 weeks	EVR 12 weeks	MTVR 18 weeks	ETVR 24weeks	SVR 48 weeks	SVR 60 weeks	SVR 72 weeks
Group A n=18	10/18(55%)	12/18(67%)	12/18(67%)	13/18(72%)	13/18(72%)	13/18(72%)	13/18(72%)		
SVR	4/8(50%								
24 weeks	6/7(87%)								
VL 820k	5/10(50)	5/8(63%)		6/8(75%)					
G1a 8	1/10(10)	7/7(100)							
G1b 7	4/10(40)								
Il28b CC 5 TT 5									
CT 8		5/10(50%)		2/10(20%)					
		1/10(10%)							
		6/10(60%)							
							ETVR 48 week		
Group B	9/17	9/17(53%)	11/17(65%)	12/17	12/17(70%)	12/17(70%)	12/17(70%)		11/17(65%)
N=17	(53%)			(70%)					
SVR	3/9		4/11(33%)						
48 weeks	(33%)		7/11(63%)	8/12					
VL 968k	6/9			(67%)					
G1a 7	(76%)								
G1b 10									
IL28B	5/9(56%								
CC 5	1/9(11%		2/11(18%	5/12					
TT 4	3/9(33%)		4/11(33%)	(42%)					
CT 8									
								Relapse 1/17(6%)	

Conclusion This clinical trial postulates decompensated cirrhotics have high evidence of RLS with portal hypertension. Larger trials will validate.

Disclosure of Interest None Declared.

PWE-128 ROMIPLOSTIM'S EFFECT TO OPTIMIZE SVR WITH TELAPRAVIR, RIBAVIRIN, AND PEG INTERFERON-ALFA 2A IN THROMBOCYTOPENIC CIRRHOTICS WITH CHRONIC HEPATITIS C. A PLACEBO CONTROLLED PROSPECTIVE CLINICAL TRIAL: RESTRAINT C TRIAL

doi:10.1136/gutjnl-2013-304907.416

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Introduction Treating HCV cirrhotic patients with thrombocytopenia is challenging, often requiring dose reduction/discontinuation to avoid complications. Significant dose reduction affects response guided therapy (RGT); affecting outcomes. Thrombopoietin (TPO) agonists are used to avoid disruption or therapeutic failure to optimise SVR. This study evaluated the use of TPO agonist in thrombocytopenia in cirrhotics with CHC.

Methods Forty five (n = 45) cirrhotic treatment experienced CHC-GT1 patients wererecruited with mean MELD 16, mean platelet count 95. Group A-(n = 15) placebo plus reduced dose of p-IFN with Ribavirin and Telaprevir. Group B (n = 15) Romiplostim 500mcg lead in 1 month prior to initiation of therapy and SOC with Telaprevir. Group C (n = 15) Elthrombopag 50mg orally daily lead in prior 15 days and SOC with Telaprevir for 12 weeks. RGT was analysed with serial platelet counts, haemoglobin/hematocrit, absolute neutrophils count and platelet antibodies. HCV RNA 1ST, 2ND, 4TH, 12TH 24TH, 36TH and 60th weeks for SVR.

Results

Conclusion This study demonstrates the efficacy of Romiplostim in thrombocytopenic cirrhotics in optimising SVR (Group A-53%, Group B-67% and Group C-60%). A larger trial is needed to validate.

Disclosure of Interest None Declared.

PWE-129 PEGYLATED INTERFERON ALFA, NITAZOXANIDE, TELAPREVIR, RIBAVIRIN, IN GENOTYPE 1 UNDERGOING PRIOR EXPERIENCED CHC-A RANDOMIZED PLACEBO CONTROL CLINICAL PILOT TRIAL (INTRIGUE-C)

doi:10.1136/gutjnl-2013-304907.417

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Introduction Chronic Hepatitis C is a global challenge with End stage liver disease and rising Hepatocellular Carcinoma. Peg Interferon Alfa and Ribavirin was the backbone of therapy. Recently introduced Directly Acting Antivirals (DAAs)-protease inhibitors have escalated Sustained Viral Response (SVR) in Response guided therapy in non responders, partial responders and relapsers. This study utilised NTZ & Telaprevir; with SOC for 24 weeks in treatment experienced patients.

Methods Fifty (n = 50) patients were divided into GroupA (n = 12) NTZ 500 mg three times for 12 weeks, Group B (n = 12) NTZ, BID for 12 weeks Group C (n = 26) control. All received Peg Interferon Alfa 2a 180 mcg SQ QOW with fixed dose of Ribavirin 1200 mg daily for 24 weeks and Telaprevir 750 mg three times daily for 12 weeks. Viral load was obtained at day 0, 7th day, 14thday, 4 weeks, 12th, 24 weeks and 48th weeks SVR. Viral kinetics was analysed. In Group A, B and C: 5/12(42%), 5/12(42%), 10/26(38%) Non Responder, 6/12(50%), 6/12 (50%),4/26(15%) partial responder, and 2/12(16%), 1/12 relapsers (8%), 4/26(15%) relapsers, 2/26(8%) unknown. Use of Growth factors-12% for severe anaemia, 8% for thrombocytopenia and 7% for neutropenia. Skin rash was 29%. Rectalgia was 11%. 3/50(6%) drop out, 2/50(4%) fell in futility law. Exclusion; Decompensated liver disease. HCC, poor controlled DM, severe CAD, Hemolytic anaemia, Major depression, Renal failure, Prior severe skin rash, active drug and alcohol abuse.

Results

Abstract PWE-129 Table

	GROUP A	GROUP B	GROUP C
Undetectable	9/12(75%)	10/12(83%)	16/26(62%)
NR	1/12 (8%)	2/12 (16%)	4/26 (15%)
PR	1/12 (8%)	12/12(100%)	3/26 (11%)
AVR	11/12(92%)	12/12(100%)	20/26(77%)
VRVR	11/12(92%)	10/12(83%)	22/26(84%)
RVR	9/12(75%)	10/12(83%)	18/26(70%)
EVR	9/12(75%)	10/12(83%)	16/26(62%)
ETVR	9/12(75%)	10/12(83%)	16/26(62%)
SVR	8/12(67%)	8/12(67%)	15/26(58%)

Abstract PWE-128 Table

	AVR 1 week	VRVR 2 weeks	RVR 4 weeks	EVR 12 weeks	MTVR 24 weeks	ETVR 36 weeks	ETVR 48 weeks	SVR 60 weeks	SVR 72 weeks
Group A R=7 PR= 8 BT =0	5/15 (33%)	7/15 (49%)	9/15 (60%)	10/15 (67%)	10/15 (67%)		9/15 (60%)		8/15 (53%)
PLT 90K			112K	101K	93K	98K BT1/15(7%)	102K	R1/15 (7%)	84K
Group B R=8 PR= 6 BT =1	9/15 (60%)	10/15 (66%)	11/15 (77%)	12/15 (80%)	ETVR 12/15 (80%)		SVR 11/15 (77%)		
PLT 68K			210K	90K	96K	R1/15(7%) PLT 220K	180K		58K
Group C R=7, PR= 6 BT =2	7/15 (47%)	8/15 (53%)	9/15 (60%)	9/15 (60%)		10/15 (67%)		9/15 (60%)	
PLT 128K			101K	102K	90K	80K	R 1/15(7%) PLT108K		131K