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

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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

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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%)	