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REAL-WORLD EFFICACY AND SAFETY OF SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR IN NS5A-INHIBITOR EXPERIENCED PATIENTS: AN INTERNATIONAL MULTICENTER STUDY FROM ASIA

¹Yu Jun Wong*, ²Rajneesh Kumar, ³Chen Hua Liu, ³Jia Horng Kao, ⁴Vicky Wing-Ki Hui, ⁴Grace Wong, ⁵Prem Harichander Thuraiajah. ¹Changi General Hospital, Singapore; ²Duke-NUS Medicine Academic Clinical Program, Singhealth, Singapore; ³Singapore General Hospital, Singapore; ⁴National Taiwan University Hospital, Taiwan; ⁵Chinese University of Hong Kong, Hong Kong; ⁶National University of Singapore, Singapore

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Background Sofosbuvir/Velpatasvir/Voxilaprevir (SOF/VEL/VOX) was approved as salvage therapy for NS5A-experienced hepatitis C virus (HCV) infected patients. However, the real-world data of SOF/VEL/VOX remained limited in Asia. We aim to analyse the real-world efficacy and safety of SOF/VEL/VOX among NS5A-experienced Asian HCV patients.

Methods This was a cross-sectional, multicenter, international study assessing the efficacy of retreatment using SOF/VEL/VOX among Asian HCV patients with prior direct-acting antiviral (DAA) failure. Our primary aim is sustained-virological response 12 weeks after completion of treatment (SVR12). Data on safety and treatment outcomes were also recorded.

Results Nineteen patients were included from 5 hospitals. Median age was 57, 84% were male, 47% were ex-IVDU and 63% had liver cirrhosis. Among 12 patients with liver cirrhosis, 75% were Child-Turcotte-Pugh Class A and 25% were Class B. Commonest genotype (GT) requiring retreatment using SOF/VEL/VOX was GT3 (68%), followed by GT1, GT2 and GT6 (11%). Prior DAA include SOF/VEL (79%), HARVONI (11%), Glecaprevir/Pibrentasvir (5%) and Daclatasvir/Asunaprevir (5%).

The overall SVR12 rate by intention-to-treat and per-protocol (PP) analysis was 84.1% and 94.1%, respectively. Two patients were demised before treatment completion from HCC progression and septic shock, and were excluded from PP analysis. The SVR12 was not significantly different in patients with GT3 (GT3: 91%, non-GT3: 100%, $p=0.647$). The only patient with virological failure had compensated GT3 cirrhosis with portal hypertension after completed 12 weeks of SOF/VEL/VOX. Significant improvement observed in median serum ALT, AST and bilirubin following SVR12 ($p<0.05$).

Conclusions In this real-world international study, we found that SOF/VEL/VOX is an efficacious and safe salvage regimen among NS5A-experienced HCV patients in Asia.

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EFFICACY AND SAFETY OF DIRECT ORAL ANTICOAGULANTS VERSUS VITAMIN K ANTAGONISTS FOR PORTAL VEIN THROMBOSIS IN CIRRHOSIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Sherilyn Zi Hui Liew*, ²Jin Hean Koh, ¹Gin Kee Ng, ²Hui Ting Liu, ³Yew Chong Tam, ⁴Andrea De Gottardi, ¹Yu Jun Wong. ¹Department of Gastroenterology and Hepatology, Changi General Hospital, Singapore; ²Yong Loo Lin School of Medicine, National University of Singapore, Singapore; ³Education Resource Centre, Medical Board, Singapore General Hospital, Singapore; ⁴Gastroenterology and Hepatology, Ente Ospedaliero Cantonale, Lugano, Switzerland

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Background Portal vein thrombosis (PVT) is associated with a higher risk of liver decompensation, variceal bleeding and

long-term mortality in cirrhosis patients. Vitamin K antagonists (VKAs) have a narrow therapeutic range and require frequent dose titration, and the bleeding risk of VKAs in cirrhosis patients is not accurately reflected in the international normalized ratio (INR). Recent American Association for the Study of Liver Diseases (AASLD) guidelines recommend direct-acting oral anticoagulants (DOACs) in cirrhosis patients with non-tumoral PVT. However, the comparative efficacy between DOACs and VKAs for the treatment of cirrhosis with non-tumoral PVT currently remains unknown. We aim to perform a systematic review and meta-analysis to compare the efficacy and safety of DOACs versus VKAs to treat cirrhosis patients with non-tumoral PVT.

Methods We performed a systematic search of six electronic databases and selected all studies comparing DOACs with VKAs in the treatment of PVT in cirrhosis patients. The primary outcome was either complete or partial PVT recanalization. Secondary outcomes were PVT progression, major bleeding, variceal bleeding and death. (IDDF2021-ABS-0172 Figure 1)

Abstract IDDF2021-ABS-0172 Figure 1 Pooled rate of portal vein thrombosis recanalization (partial or complete)

Abstract IDDF2021-ABS-0172 Figure 2 Pooled risk of portal vein thrombosis progression

Abstract IDDF2021-ABS-0172 Figure 3 Pooled risk of major bleeding

Abstract IDDF2021-ABS-0172 Figure 4 Pooled risk of variceal bleeding