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EVALUATION OF MILD COGNITIVE DYSFUNCTION BY MONTREAL COGNITIVE ASSESSMENT TEST IN PATIENTS WITH CHRONIC HCV INFECTION

D.G. Pacini[1], S. Onali[1], C. Balestrieri[2], F. Figorilli[1], S. Casu[1], G. Serra[2], L. Chessa[1]

[1] *Department of Medical Sciences "Mario Aresu", University of Cagliari, Cagliari, Italy*
[2] *Department of Internal Medicine, Azienda Ospedaliera-Universitaria di Cagliari, Cagliari, Italy*

Background: Cognitive impairment frequently occurs in HCV patients, leading to impaired daily activities, adherence to therapy and quality of life.

Aim: To evaluate the neuro-cognitive status in HCV patients using the Montreal Cognitive Assessment Test (MoCA).

Methods: This was a single-centre prospective study that included all consecutive HCV patients, undergoing evaluation for antiviral treatment at our clinic between 2014 and 2015. MoCA was organized on a single page and included various tests that explored specific cognitive functions: attention, concentration, executive functions, working memory, language, orientation, visual-spatial skills, abstraction and calculation. The result of MoCA was the sum of the scores in each area for a maximum of 30 points. A score $\geq$26/30 was considered normal.

Results: 82 patients were included: male 47 (57%), mean age 57 years (33–79). All cirrhotic patients ($n = 41$, 50%) had a compensated disease. Overall the MoCA median score was 24(9–30). The normality threshold was achieved only by 26(32%) of patients. No difference was observed between HCV genotypes, cirrhotic/non-cirrhotic, and native/experienced patients. Age and gender significantly influenced MoCA's score, resulting in higher scores among younger patients (25 if age < 65 vs 21 if >65, $p < 0.001$) and male subjects (25 in male vs 22 in female, $p = 0.013$). The most affected areas were memory, attention and abstraction. More than 60% of patients was not able to recall >2 words at the delayed recall test, while about 16% and 10% failed the abstraction and the attention-related tests, respectively. On the opposite, good performances were reported in the area of orientation, visual-spatial skills and language.

Conclusions: MoCA was a simple and easy test to administer. It revealed that a significant proportion of HCV patients is affected by cognitive dysfunction with no difference between cirrhotics and non-cirrhotics. The worse MoCA results were achieved in attention and memory areas, confirming that these functions are probably the most affected in HCV patients.

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PRE-EMPTIVE POST-TRANSPLANT HCV TREATMENT WITH IFN-FREE DAA: PRELIMINARY RESULTS FROM A PILOT STUDY

L. Pasulo[1], C. Di Benedetto[1], C. Mazzarelli[2], C. Iegri[1], F. Mangiola[1], G. Perricone[2], R. Viganò[2], M. Colledan[1], L. De Carlis[2], A. Corti[2], E. Mazza[2], A. De Gasperi[2], M. Marchesi[1], F. Donato[3], S. Fagiuoli[1], L. Belli[2]

[1] *A.O. Papa Giovanni XXIII (BG), Italy*
[2] *Ospedale Niguarda Ca' Granda, Italy*
[3] *I.R.C.C.S. Ospedale Maggiore di Milano-Policlinico, Italy*

Introduction: Histologically-proven HCV recurrence in liver transplantation (LT) recipients develops in over 70% of patients during the first year after LT, with a 30% risk of evolution in within 5 years. Preemptive post-LT DAA-treatment has been proposed for abating viral replication, minimizing liver damage and increasing recipients' survival. In our pilot study, we tested the use of sofosbuvir + ribavirin treatment starting from liver transplant surgery. The aim of our study was: (1) to evaluate the safety profile; (2) HCV-kinetics during the early post-LT period and its correlation with SVR and/or breakthrough.

Material and methods: 15 consecutive HCV+ve patients undergoing LT were selected for the study (2 were excluded due to death during surgery). The majority were males (93%); 40% were treatment experienced. Genotype distribution was: G1 53%, G3 20%, G4 27%; median MELD was 22 (95% UCL-LCL: 13–28), HCC as indication to LT occurred in 5 patients. Median HCV-RNA level at LT was 4.92 log (3.15–5.29 log). First dose of Sofosbuvir + Ribavirin was administered at graft implant in the operating room, through n-g tube; HCV-viremia was tested at 1st, 2nd week and then every four weeks post-LT.

Results: Two patients died after 4th week post-LT for early complications, unrelated to DAA treatment and HCV infection. At 1st week HCV-RNA was undetectable only in 26% of the patients, with a median delta from LT of 2.88 (95% LCL-UCL: 1.95–3.15). The study population has been stratified in 2 groups according with the median value of viral decay at week 1 from LT(group A-above the median; Group B-under the median). In group A the median HCV-RNA at baseline was lower than in group B(3.6vs5.1), although not significantly ($p = 0.25$). 69% of patients at 2nd week and 92% at 4th were HCV-RNA negative.

Conclusions: In spite of our prevision, HCV-RNA become undetectable in all patients only after 4th week post-LT. The rate of response at week 4 appears to be higher than that observed in decompensated HCV+ve ESLD patients, in which is reported around 50%. The viral load at transplantation seems to be the only factor influencing early viral kinetics. Longer f-u is required to fully assess both kinetic profile and SVR.

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