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EFFECT OF VITAMIN D SUPPLEMENTATION ON SUSTAINED VIROLOGICAL RESPONSE TO PEGINTERFERON ALFA-2b/RIBAVIRIN COMBINATION IN CHRONIC HEPATITIS C GENOTYPE 4

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Background and Aims: The current treatment for chronic HCV is not satisfactory with the moderate response and high side effects. Coming reports showed the possible role of vitamin D supplementation in augmenting the response to standard of care (SOC) therapy of HCV. we aimed to evaluate the impact of vitamin D supplementation on the (SVR) results and to determine the incidence of Vit D deficiency in chronic HCV patients and its possible relation to the degree of hepatic fibrosis.
Methods: 101 chronic HCV patients classified into two groups:
Group 1: received the SOC therapy consisting of Peg-Interferon/Ribavirin (51 patients),
Group 2: received the SOC therapy consisting of Peg-Interferon/Ribavirin + Vitamin D3 (50 patients).
Results: Vitamin D deficiency was found in 90% of cases group and in 100% of the control group. After vitamin D supplementation and optimization of the serum levels, no positive impact was observed on treatment outcome where SVR was achieved in 51.2% in cases group and 71.4% in control group by per-protocol analysis and in 44% in cases group and in 68.6% in control group by intention to treat analysis with no statistically significant difference, also no correlation was found between 25(OH)D levels and fibrosis score at baseline assessment of the whole population of 101 studied.
Conclusions: Though the optimistic data previously documented about the results of vitamin D supplementation on HCV treatment, in the current study no significant impact on SVR rates and no solid correlation was found between vitamin D levels and degree of liver fibrosis.

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SAFETY AND EFFICACY OF PEG-IFNα2a AND RIBAVIRIN FOR TREATMENT OF HEPATITIS C IN SARDINIAN ADULT PATIENTS WITH THALASSEMIA MAJOR: A SINGLE CENTRE REAL LIFE EXPERIENCE

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Background and Aims: Treatment of chronic hepatitis C virus (HCV) infection in transfusion-dependent thalassaemia patients is complicated by existing hepatic siderosis and the ribavirin-associated haemolysis. We aimed to describe response to antiviral standard of care therapy with Peg-interferonα2a and ribavirin in a single centre real life cohort.
Methods: Thirty-two patients with beta-thalassemia major and chronic HCV infection underwent treatment with PEG-IFNα2a and Ribavirin. Dose of Ribavirin was established on HCV genotype and patient weight. Liver iron load by MRI was detected in all patients at baseline and in 84% a percutaneous liver biopsy was performed. Side effects and transfusion rate have been collected.
Results: A total of 32 patients (M/F=13/19) were treated with mean age of 37.5 years. Among them 56% had a genotype 1 and 78% reached SVR. EVR (early virological response) was observed in all SVR patients (n = 23). No treatment discontinuation was required due to side effects. Seven patients developed neutropenia requiring reduction of Interferon dose and treatment with neutrophil growth factor. Three patients had history of previous treatment and only one of them reached SVR.
Conclusions: This is the largest thalassemic cohort treated with Peg-IFNα and Ribavirin studied so far. Our study provides evidence that Peg-IFNα2a and Ribavirin is safe and effective in patients with beta thalassemia major and HCV chronic hepatitis. Overall SVR was 72%. The most striking result is that SVR was observed in 78% among genotype 1 patients. Moreover treatment was safe and well tolerated.

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DACLATASVIR, ASUNAPREVIR, AND BMS-791325 IN A FIXED-DOSE COMBINATION: A PHASE 1 BIOAVAILABILITY STUDY IN HEALTHY VOLUNTEERS

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Background and Aims: The antiviral activity of daclatasvir, asunaprevir, and BMS-791325 in combination for the treatment of chronic hepatitis C virus infection has been demonstrated in clinical studies. This study assessed the bioavailability of this regimen in fixed-dose combination (FDC) relative to single-agents administered concomitantly. The regimen will be administered twice-daily with food in phase 3 studies.
Methods: Healthy volunteers (male/female, n = 18/6; age, 18–49 years; BMI, 18–32 kg/m^2) received a single dose of daclatasvir 30 mg, asunaprevir 200 mg, and BMS-791325 75 mg as single-agent tablets on Day 1 and a FDC on Day 4 or *vice versa* with a standard meal. Non-compartmental pharmacokinetic parameters were derived from blood samples collected up to 72h post-dose. Linear mixed effect models were used to derive ratios of geometric means with associated 90% confidence intervals (CIs).
Results: Relative to single-agent tablets, the FDC produced similar exposure of daclatasvir, asunaprevir, and BMS-791325; with the exception of asunaprevir C_{MAX}, all AUC_{INF} and C_{MAX} 90% CIs were contained entirely within the boundary of bioequivalence (0.8–1.25). The slight increase (approximately 30%) in asunaprevir C_{MAX}

Table (abstract P1156).

Formulation	GMR (90% CI)[a]					
	Asunaprevir		Daclatasvir		BMS-791325	
	C_{MAX}	AUC_{INF}	C_{MAX}	AUC_{INF}	C_{MAX}	AUC_{INF}
pFDC	1.30 (1.07, 1.58)	1.14 (1.04, 1.24)	0.95 (0.88, 1.02)	0.98 (0.93, 1.04)	0.96 (0.90, 1.03)	0.99 (0.95, 1.04)

GMR, geometric mean ratio; C_{MAX}, maximum observed serum concentration; AUC_{INF}, area under the serum-concentration time curve extrapolated to infinity.
[a] Relative to single-tablets administered concomitantly.