More Highlights from the 2016 Liver Meeting

November 14, 2016 By Lucinda K. Porter RN

Yesterday I posted some highlights from this year's Liver Meeting in Boston; here are two more presentations that I thought were interesting. Note that conference presentations are preliminary investigations, and need to be published in a peer-reviewed journal before data can be considered conclusive.

Abstract # LB-15 Glecaprevir/Pibrentasvir Demonstrates High SVR Rates in Patients With HCV Genotype 2, 4, 5, or 6 Infection Without Cirrhosis Following an 8-Week Treatment Duration(SURVEYOR-II, Part 4) - Tarek Hassanein, et al.

This Phase 2 hepatitis C study enrolled 203 noncirrhotic subjects with genotype 2,4,5, and 6; 176 were naïve to treatment, and 27 had prior treatment. They were given 8 weeks of glecaprevir/pibrentasvir (formerly ABT493+ABT530). There were two serious adverse events but neither were determined to be related to the study drug. No one discontinued from the study. The most common adverse events were fatigue (37), headache (28), and nausea (23).

Conclusion: At 12 weeks following treatment, 97 percent of subjects were cured (SVR12) with 8 weeks of treatment with glecaprevir/pibrentasvir.

Editorial Comments: Another presentation (LB-16) by Vinay Sundaram, et al. reported that 8 weeks of treatment with ledipasvir/sofosbuvir (Harvoni) is effective for appropriately selected patients with genotype 1 HCV, regardless of fibrosis stage. This study analyzed more than 6,500 subjects in real world settings. Treatment lengths have come a long way from the old days of 48 weeks.

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Abstract #831 Hepatitis C (HCV) Virologic Outcomes in Veterans Taking Ledipasvir/Sofosbuvir With Concomitant Acid Suppressing Medication – Austin Chan, et al.

Many of us, particularly baby boomers, take medicines to manage stomach acid. If you read the prescribing information for Harvoni (ledipasvir/sofosbuvir), many antacids are lists as contraindicated. This study analyzed whether taking proton pump inhibitors (PPIs) such as Prilosec and Prevacid would affect the response rate to Harvoni. Of the 10,501 veterans who completed Harvoni, 2,004 were also prescribed a PPI.

Conclusion: The response rates (SVR12) were nearly identical, and the investigators concluded that taking a PPI while taking Harvoni does not seem to affect SVR. More studies should be done to confirm this.

Editorial Comments: Talk to your medical provider and pharmacist before mixing any medications. Although some medications may interfere with each other, sometimes it is a matter of taking the medications at a certain time. Because drugs are metabolized at different rates, sometimes it's best to take medicines together, while other times you need a gap of time between them.

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