5PSQ-040 REAL-LIFE DIRECT-ACTING ANTIVIRALS EFFECTIVENESS COMPARATIVE STUDY IN HIV-HEPATITIS C VIRUS COINFECTED PATIENTS

¹L Margusino-Framiñan, ¹C Mondelo-García*, ¹V Gimenez-Arufe, ¹N Fernandez-Bargiela, ¹C Fernandez-Oliveira, ¹S Rotea-Salvo, ¹P Cid-Silva, ²A Mena-de-Cea, ²I Rodriguez-Osorio, ¹I Martin-Herranz, ²A Castro-Iglesias. ¹Complejo Hospitalario Universitario A Coruña, Pharmacy, A Coruña, Spain; ²Complejo Hospitalario Universitario A Coruña, Infectious Diseases, A Coruña, Spain

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Background Chronic hepatitis C (CHC) treatment has dramatically changed with the introduction of direct-acting antivirals (DAAs) for hepatitis C virus (HCV)-infected patients. Available data from clinical trials reveal the effectiveness and safety of DAA, both in mono- or HIV-coinfected patients, with virologic response rates between 92%–98%.

Purpose To compare the real-life effectiveness of DAAs therapy in HCV-monoinfected or HIV-coinfected patients.

Material and methods Prospective study in patients with CHC who initiated treatment for 8–24 weeks, between 1 April 2015 and 1 January 2018. Exclusion criteria: patients from penitentiary centres and paediatric patients. Main variable: sustained virological response 12 weeks' post-treatment (SVR12). Covariates: gender, age, HIV coinfection, previous treatment, hepatic transplantation, cirrhosis, fibrosis, viral genotype, baseline viral load and antiviral treatment. Statistical method: descriptive analysis comparing patients with SVR and patients with relapse. Statistical significance was calculated with the Fisher exact test and the Mann–Whitney U test. This study was authorised by the Health System Investigation Committee.

Results One-thousand three-hundred and thirteen patients were included. One-thousand one-hundred and forty-one monoinfected, 172 HIV-coinfected: 73% males; 49.2 years mean age; 66.2% genotype 1; 23.8% cirrhotics (F4), 20.1% F3 fibrosis grade, 34.3% F2. 2.3% with hepatocellular carcinoma; 22.6% HCV-treatment-experienced; 31.6% null-responders and 23.7% recidivists to previous treatments; 90.9% with estimated glomerular filtration rate ≥ 60 mL/min; 58.8% treated with ledipasvir/sofosbuvir $\pm$ ribavirin, 19.2% with sofosbuvir/daclatasvir $\pm$ ribavirin and 7.0% with sofosbuvir/velpatasvir; and 79.1% treatment length for 12 weeks, 15.1% for 24 weeks and 5.2% for 8 weeks. There were no clinical or statistical critical basal differences related with DAAs' effectiveness in genotype, fibrosis grade or treatment experience between mono- or HIV-coinfected patients ($p > 0.05$). Effectiveness results: HIV-coinfected vs monoinfected patients: 0.6% vs 1.3% recidivists ($p = 0.66$); 0.6% vs 0.3% null-responders ($p = 0.97$); and 93.6% vs 96.6% SVR12 ($p = 0.091$).

Conclusion DAAs against HCV are highly effective in HIV-coinfected patients, with response rates very similar to those observed in clinical trials. Also, no effectiveness differences were observed compared with HCV-monoinfected patients, even in this studied population with a high presence of advanced fibrosis grade. So, HIV-coinfection cannot constitute a barrier to accessibility to chronic hepatitis C interferon-free treatments for HCV/HIV-coinfected patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

5PSQ-041 EFFICACY AND SAFETY OF CIDOFOVIR IN THE TREATMENT OF LARYNGEAL PAPILLOMATOSIS: CASE REPORTS

¹M Navarro*, ²A Puebla, ¹E Tevar, ¹R Mesa, ¹L Díaz, ¹A Ocaña, ¹M Viña, ¹I Plasencia, ¹I Gonzalez, ¹J Merino. ¹Hospital Nuestra Señora de Candelaria, Pharmacy, Santa Cruz de Tenerife, Spain; ²Hospital San Rafael, Pharmacy, Barcelona, Spain

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Background Laryngeal papillomatosis is a larynx neoplasm due to the human papillomavirus virus (HPV) infection. It can appear during the first year of life, or during adulthood, which increases the probability of becoming malignant. It is characterised by tumours within the voice box, vocal cords or the air duct, causing dysphagia, stridor, sore throat or breathing problems. Surgery is the first-line treatment, but some patients require adjuvant treatment, such as cidofovir or alpha interferon.

Purpose To describe the efficacy and safety of the treatment with cidofovir in laryngeal papillomatosis.

Material and methods Five patients were diagnosed with laryngeal papillomatosis with a confirmed diagnosis by bronchoscopy and laboratory tests. In the general description of the study, the medical histories of diagnosed patients with recurrent respiratory papillomatosis treated in this institution from January 2014 to September 2019 were reviewed. They showed signs of inspiratory and expiratory stridor, tachypnea, elongated expiration with subcostal, suprasternal and intercostal retractions. Despite the interventions, the patients still maintained inspiratory and expiratory stridor so the treatment with alpha interferon was the next step.

Results According to the literature, treatment was started with a first-week dose of 12.5 mg/2 ml, followed by a dose of 12.5 mg/2 ml times per week.

After the treatment three patients presented progression on their lesions and two other patients did not, with no lesions shown in their last control bronchoscopy.

This permitted the extension of the frequency in the medical appointments from 1 to 2 months. A possible adverse effect associated was described, because of the appearance of dominant face erythematous lesions after the administration of some doses. All patients had mild nephrotoxicity.

Conclusion The results showed that cidofovir was neither an effective nor a relatively safe treatment for the treatment of laryngeal papillomatosis. However, these results cannot be considered as final outcomes, because the population of the study, just five patients, was too small.

Although the evidence is insufficient for reliable conclusions, several series indicate that intralesional cidofovir may have some efficacy. A well-designed placebo-controlled, double-blinded, randomised and controlled trial will be required.

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