Aim and objectives  To determine the association between PDE5i exposure and incident dementia in PCa patients treated with ADT.

Material and methods  We conducted a retrospective cohort study using the Chang Gung Research Database (CGRD) in Taiwan. We included PCa patients newly receiving ADT between 2009 and 2016. We conducted a three step matching and modified landmark approach to identify PDE5i users and non-users after ADT use. The landmark date was defined as 1 year following the start of ADT, and we defined PDE5i users as patients initiating PDE5i before and after the landmark date. We matched PDE5i users to non-users by (1) age, (2) prostatic specific antigen and (3) 1:4 propensity scores for comorbidity and co-medication. We followed the patients from the landmark date until the incident diagnosis of dementia, last date of clinical visit or 31 December 2019. We performed multivariate Cox proportional hazard models to compare the dementia risk between PDE5i users and non-users.

Results  We included 45,577 PCa patients starting ADT treatment, with a mean age of 69.5 (SD 7.0) years. After matching, we identified 161 PDE5i users and 644 non-PDE5i users. A total of 5.1 person years of PDE5i users and 4.6 person years of PDE5i non-users were included. Compared with non-users of PDE5i, PCa patients treated with ADT initiating PDE5i had a lower risk of dementia (adjusted HR=0.17, 95% CI 0.04 to 0.70) in the modified landmark analyses.

Conclusion and relevance  PDE5i use in PCa patients treated with ADT was associated with a decreased risk of subsequent dementia. Future large scale studies are suggested to confirm our findings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest  No conflict of interest

5PSQ-198  VARIATIONS IN EFFECTIVENESS AND SAFETY OF GLECAPREVIR/PIBRENTASVIR AMONG HEPATITIS C PATIENTS WITH DIFFERENT GENOTYPES: A MULTI-INSTITUTIONAL COHORT STUDY IN TAIWAN

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Background and importance  Pan-genotypic direct acting antiviral agents (ie, glecaprevir/pibrentasvir (GLE/PIB), have been proven in clinical trials to be effective and safe in the treatment of chronic hepatitis C (CHC) infection. However, CHC genotypes may vary in different populations and limited evidence is available regarding the effects of GLE/PIB in patients with different genotypes.

Aim and objectives  To compare the effectiveness and safety of GLE/PIB in CHC patients with different genotypes in Taiwan.

Material and methods  We retrospectively identified a cohort of CHC patients newly initiating GLE/PIB between August 2018 and June 2019 from the Chang Gung Research Database, a multi-institutional electronic medical records database covering approximately 1.3 million individuals (6% of the Taiwan population). We classified patients by genotype who were followed up for 12 weeks from completion of GLE/PIB therapy. Sustained virological response at 12 weeks (SVR12) was observed in patients receiving GLE/PIB treatment. No change in contraindicated DDI exposure was observed in patients receiving SOF/VEL treatment.

Conclusion and relevance  The rate of exposure to contraindicated DDI generally decreased after initiation of pan-genotypic DAA, but some contraindicated drugs remained co-prescribed. Future studies are required to evaluate the outcomes in patients exposed to contraindicated DDI.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest  No conflict of interest