Efficacy and safety of Daclatasvir plus Asunaprevir therapy for Taiwanese patients with genotype 1b hepatitis C virus infection

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All oral Direct Acting Antivirals (DAAs) achieve high Sustained Virological Response (SVR) rates in patients with chronic hepatitis C Virus (HCV) infection. In Asian countries, the dual therapy with Daclatasvir and Asunaprevir was reported well tolerated and achieved high SVR rates in patients with chronic HCV genotype 1b infection. Recently, the dual therapy has been reimbursed by the National Health Insurance in Taiwan. The studies aimed to survey the efficacy and safety of dual therapy with Daclatasvir and Asunaprevir in Taiwanese patients with HCV genotype 1b infection. Total 19 patients (8 males and 11 females, mean age: 65 years) without the NS5A resistance-associated substitution have been treated with dual therapy for 24 weeks and followed up for 12 weeks. All 19 patients achieve negative HCV RNA at end of therapy and at 12 weeks after cessation of therapy (SVR12). The mean (range) baseline AST, ALT and total bilirubin (T-bil) levels were: 80.6 (30-224) IU/L, 89.0 (34-230) IU/L and 0.71 (0.29-1.24) mg/dL, respectively. In all patients, there was neither significant increase of these liver function markers up to 2 times' upper limit of normal nor acute exacerbation or decompensation at 12 weeks after therapy. The highest AST, ALT and T-bil levels were 39 IU/L, 47 IU/L and 1.21 mg/dL, respectively. We concluded that dual therapy achieved very high SVR rates and was well tolerated in Taiwanese patients with HCV genotype 1b infection. Further results of large number of treated patients are expected.

Biography
Chia-Yen Dai has completed his MD, Master and PhD degrees from Kaohsiung Medical University, Kaohsiung, Taiwan. He is the Director of Health Management Center and Occupational and Environmental Medicine, Kaohsiung Medical University Hospital and a Full Professor of Hepatology, Internal Medicine, College of Medicine, Kaohsiung Medical University. He has published more than 220 papers in reputed journals with more than 50 papers.

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