P1319
ONCE-DAILY SIMEPREVIR (TMC435) WITH PEGINTERFERON/RIBAVIRIN IN TREATMENT-NAIVE OR TREATMENT-EXPERIENCED CHRONIC HCV GENOTYPE 4-INFECTED PATIENTS: FINAL RESULTS OF A PHASE III TRIAL


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Background and Aims: Simeprevir (SMV) is a one pill, once-daily (QD) HCV NS3/4A protease inhibitor with antiviral activity against HCV genotype (GT) 1 and 4 infection. We present SVR12 results from RESTORE, a Phase III, multicentre, uncontrolled, open-label study evaluating SMV + peginterferon-α/ribavirin (PR) in treatment-naive/–experienced patients with chronic HCV GT4 infection (NCT01567735).

Methods: Treatment-naive patients and relapers received SMV 150mg QD + PR (12 weeks) for relapers, n = 40 received SMV 150mg QD + PR (12 weeks) followed by PR (36 weeks). Primary efficacy endpoint: SVR12.

Results: 107 patients received treatment (male, 78.5%; median age, 49 years; Black, 28.0%; METAVIR F4, 28.8%; IL28B non-CC, 92.5%; GT4a/4d/4 other, 42.5/23.6/33.9%; treatment-naive, n = 35; relapers, n = 22; partial responders, n = 10; null-responders, n = 40). SVR12 and other virologic response parameters are summarized in the table. Among METAVIR F4 patients, 46.7% and 62.1% achieved SVR12 and RVR, respectively. SVR12 rates in IL28B CT and TT patients were 65.6% and 59.5%, while 65.5% and 62.2% had RVR, respectively. Among those meeting RGT criteria, no patients experienced on-treatment failure and 3 patients experienced viral relapse (treatment-naive, n = 2; relapers, n = 1). Adverse events (AEs, Weeks 1–12) were mainly grade 1/2. Serious AEs were infrequent (5 patients [4.7%]; no deaths) and considered unrelated to SMV. Most frequent (>30% of patients) AEs included influenza-like illness, asthenia and fatigue.

Conclusions: SMV 150mg QD (12 weeks) was well tolerated and effective in HCV GT4-infected patients, consistent with previous observations in HCV GT1-infected patients.

Table: Virologic response.

<table>
<thead>
<tr>
<th></th>
<th>SVR12, n/N (%)</th>
<th>RVR, n/N (%)</th>
<th>Met RGT*, n/N (%)</th>
<th>Met RGT and achieved SVR12, n/N (%)</th>
<th>On-treatment failure†, n/N (%)</th>
<th>Vireal relapse‡, n/N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients (n = 107)</td>
<td>70/107 (65.4)</td>
<td>69/104 (65.3)</td>
<td>51/57 (89.5)</td>
<td>48/51 (94.1)</td>
<td>25/107 (23.4)</td>
<td>12/82 (14.6)</td>
</tr>
<tr>
<td>Treatment-naive (n = 35)</td>
<td>29/35 (82.9)</td>
<td>28/35 (80.0)</td>
<td>31/35 (88.6)</td>
<td>20/31 (64.5)</td>
<td>3/35 (8.6)</td>
<td>3/32 (9.4)</td>
</tr>
<tr>
<td>Relaper (n = 22)</td>
<td>15/22 (68.2)</td>
<td>18/20 (90.0)</td>
<td>20/22 (90.9)</td>
<td>19/20 (95.0)</td>
<td>2/22 (9.1)</td>
<td>1/20 (5.0)</td>
</tr>
<tr>
<td>Partial responder (n = 10)</td>
<td>6/10 (60.0)</td>
<td>4/10 (40.0)</td>
<td>n/a</td>
<td>n/a</td>
<td>2/10 (20.0)</td>
<td>2/8 (25.0)</td>
</tr>
<tr>
<td>Null responder (n = 40)</td>
<td>16/40 (40.0)</td>
<td>19/40 (47.5)</td>
<td>n/a</td>
<td>n/a</td>
<td>18/40 (45.0)</td>
<td>6/22 (27.3)</td>
</tr>
</tbody>
</table>

†HCV RNA <25 IU/mL (detectable/undetectable) at Week 4 and <25 IU/mL (undetectable) at Week 12.

‡Undetectable HCV RNA at end of treatment and ≥25 IU/mL during the follow-up period.

P1320
ASSESSMENT OF ACUTE KIDNEY INJURY IN ADVANCED LIVER CIRRHOSIS: AKIN VERSUS CONVENTIONAL CRITERIA AND OUTCOME POST-LIVER TRANSPLANTATION

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Background and aims: Acute kidney injury (AKI) is a common complication in cirrhotic patients with end-stage liver disease (ESLD). It is associated with increased morbidity and mortality, including those patients undergoing liver transplantation (LT).

Conventional criteria for AKI diagnosis in ESLD patients include an increase in serum creatinine (sCr) absolute value >1.5 mg/dL (International Acu弥ttes Club criteria, 2012).

In ESLD patients sCr value is influenced by underlying factors, such as decreased hepatic creatine synthesis and reduced muscle mass. Several studies have confirmed that even smaller sCr rises have a negative impact on survival. AKIN criteria have been validated to define and stratify AKI on the basis of deviation of sCr from baseline rather than absolute values.

Aim of the study was to compare the prevalence of AKI in ESLD based on AKIN vs conventional criteria.

Methods: Single-centre retrospective study of 91 patients with ESLD listed for LT, assessed from listing to first week post-LT (2008–2013). AKI was diagnosed applying conventional criteria (sCr >1.5 mg/dL) and AKIN criteria: increase in sCr ≥150% from baseline (Stage 1), sCr ≥200% from baseline (Stage 2), sCr ≥300% from baseline or sCr ≥4 mg/dL (Stage 3).

Results: Fourteen patients showed undiagnosed AKI according to AKIN vs conventional criteria: ten patients presented stage 1 and four patients stages 2–3. All ESLD-patients with advanced AKI (stages 2–3) showed AKI post-LT (4/4 patients).

Conclusions: AKIN criteria improve AKI diagnosis as compared to conventional criteria: about 50% of patients would have been undiagnosed with conventional criteria. Diagnosis of AKI according to AKIN criteria could help to recognize patients at high risk of AKI post-LT.

P1321
LONG-TERM OUTCOMES AND PROGNOSTIC ANALYSIS OF SMALL HEPATOCELLULAR CARCINOMA TREATED WITH RADIOFREQUENCY ABLATION: 10 YEARS FOLLOW UP IN CHINESE PATIENTS

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Background and Aims: We evaluated the long-term survival results in patients with small hepatocellular carcinoma (HCC) treated with percutaneous radiofrequency ablation (RFA), and assessed the prognostic factors that influence its long-term therapeutic results.

Methods: Between May 2000 and May 2012, 837 patients with small HCC nodule were enrolled in this study. We evaluated the effectiveness rates, local tumor progression rates, survival rates, complications and the prognostic factors of the survival rates.

Results: We evaluated a total of 1020 tumor nodules in 837 patients, complete ablation was achieved in 98.8% (1008/1020). The mobility for major complication was 0.59% (5/837). The estimated overall 1-, 3-, 5-, 10-year survival rates were 91%, 71%, 54%, and 33%, respectively. Multivariate analysis revealed that AFP level (P = 0.041, hazard ratio [HR] = 0.749, 95% confidence interval [CI]: 0.568–0.989), tumor number (P = 0.002, HR = 0.682, 95% CI: 0.534–0.871), Child–Pugh grade (P = 0.001, HR = 1.762, 95% CI: 1.245–2.494) and GGT level (P = 0.011, HR = 1.429, 95% CI: 1.087–1.878)