Rise in ALT after HCV Treatment is a Highly Sensitive Screen for Treatment Failure

SEARCH-1

N=51

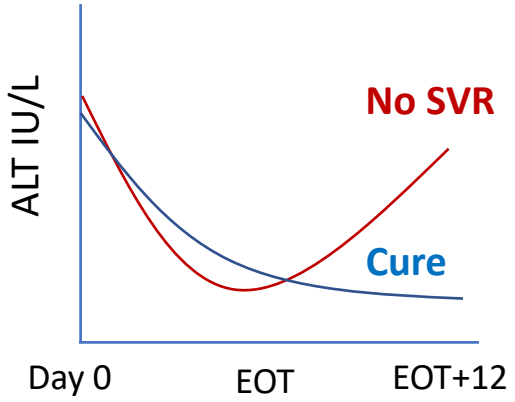
4-8 weeks
SVR 75%

STOPHCV-1

N=202

Ombitasvir
Paritaprevir
ritonavir

4-8 weeks
SVR 71%



WHY?

HCV RNA testing to confirm sustained virological response (SVR) after HCV treatment is technical and expensive, impeding simplification and decentralisation of HCV care.

We evaluated performance of change in levels of ALT and AST after end-of-treatment (EOT) for detecting treatment failure.

ANALYSIS 1

In a shortened treatment trial in Vietnam, we described how changes in ALT (ΔALT) and AST (ΔAST) from EOT to EOT+12 weeks compared in individuals who cured versus those that did not achieve SVR.

ANALYSIS 2

We then evaluated performance of ΔALT and ΔAST in a second, larger UK study population with differing demographics, comorbidities and genotypes, treated with different antivirals.

Participants in both studies had mild liver disease.

FINDINGS

Median ΔALT and ΔALT was higher in individuals who did not achieve SVR in both studies.

ΔALT was 100% sensitive (95% C.I. [93.7 – 100%] and 51% specific (42.4 - 59.7%) for detecting treatment failure, representing a highly sensitive, economical and practical screen for treatment failure in individuals with mild disease.