

Case nr 3

Andrzej Horban

- Pts W.0-Z born in 1939, Professor of Biochemistry
- Tbc pulmonary in 1942, 1947, 1968
- In 2006 elevated PSA
- In 2007 tu prostatae – resection of the prostate
 - Complicated by sepsis, pneumonia and cardiac insufficiency with pulmonary oedema - treated in ICU

During this hospitalization they found additional
positive HCV serology
proteinuria

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 - Positive test for crioglobulinemia
 - Chronic hepatitis C – genotype 1

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 - What we should to do ?
 - Treat kidney or liver ?

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- Patient got methylprednisone pulses intravenously followed by oral prednisone and cyclosporine
- Improvement in renal function (decrease in serum creatinine from 4,0 to 1,7mg/dl) and remission of nephrotic syndrome (proteinuria from ↑10 g to 2,0-3,0 g/day)

- On July 2008

- USG shown normal structure of liver
- Biopsy was not performed
- Transaminases was slightly elevated

- On July 2008

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- On July 2008

- We had to reduce the RBV dose due to anemia
- We observed increase in proteinuria and serum creatinine with low complement level and positive ANA antibodies
- Patient had simultaneous treatment with steroids and CsA

- On May 2009

- Diarrhea and fever caused exacerbation of renal insufficiency – creatinine was 3,6 mg%
- Low level of TSH, but T3 and T4 was normal

- On July 2009
 - HCV viremia was $4,1-4,7 \times 10^5$ copies
 - Transaminases was normal
 - Ultrasound was normal

- On June 2010

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- Fibroscan showed fibrosis level F2
- Treatment of natural interferon(Alfaferon) was begun in June 2010 by nephrologists

- On July 2010

- During the first two weeks of therapy patient felt badly, had fever, diarrhea, skin lesions , pain and swelling of joints
- The exacerbation of glomerulonephritis has been diagnosed – proteinuria increased till 5g/day, but creatinine level was 2,2mg/dl
- Endoxan has been applied as a immunosuppresion

- On September 2010

- Immunosuppression treatment with Endoxan has been finished

- On October 2010

- Patient has been hospitalized in Department of infectious Diseases with sepsis caused by Streptococcus
- He was treated successfully by penicillin, but we observed increasing of renal failure with oedema, ascites, and cardiac insufficiency
- He was treated by nephrologists with ultrafiltration
- During this hospitalization he get also herpes zoster and infection with Clostridium difficile

- On November 2010

- Patients was released from the hospital in generally good condition on Encorton 5 mg /day+ Betaloc, Diuver, Spironol, Inhibace, Nitrendipine

- On November 2012
 - Fibroscan Metavir score F3

- On November 2014
 - Fibroscan Metavir score F4

- On November 2014

- Fibroscan Metavir score F4
- Hb 10,7 g/dl, Red cells-3,3 T/l,
- Creatinine 299umol/l (38-110), urea 21,4 (2,5-7,1mmol/l)
- AlAT 89U/l
- Urine analysis – protein – 14,6 g/l
- HCV viremia – 900 000 copies/ml

- On November 2014

- WHAT NOW?

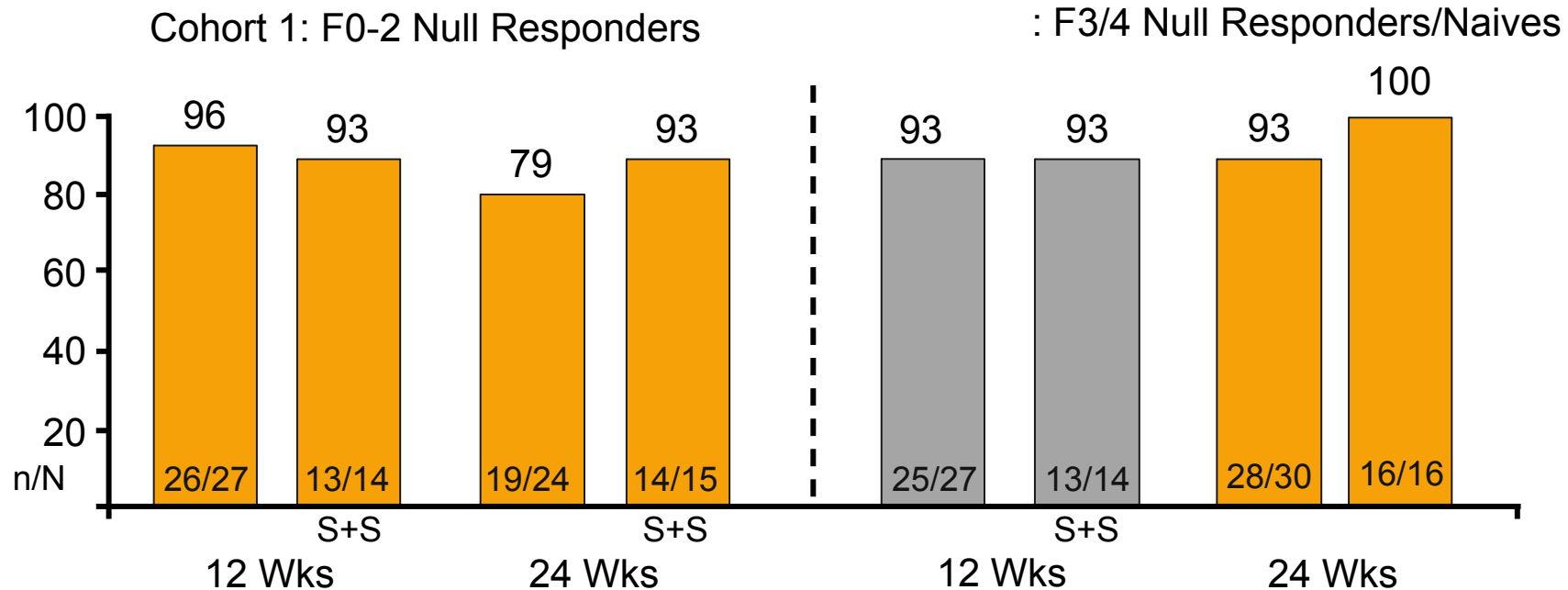
- On November 2014

- WHAT NOW?

- wait?
- SOF + RBV ?
- SOF + SIM ?
- Other option ?

- On December 2014
 - Treatment with SOF + SIM
 - How long ?
 - 12 weeks ?
 - 24 weeks?

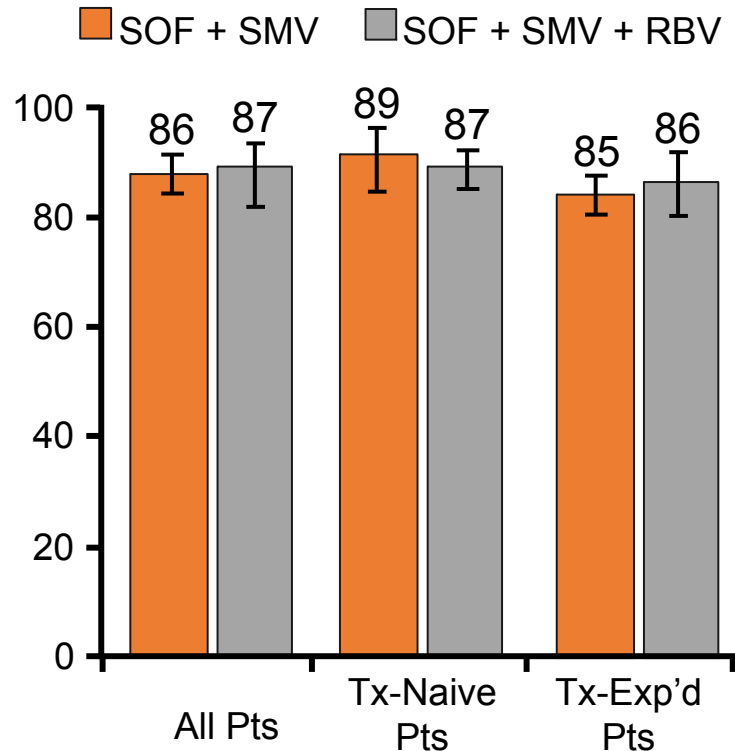
COSMOS: Sofosbuvir + Simeprevir ± RBV in Tx-Naive and Tx-Experienced GT1 Pts



- No breakthrough on therapy, 6 relapses, 9 nonvirologic failures
- Efficacy of 12 wks similar to 24 wks; RBV provided no additional benefit
- Recently FDA approved: 12 wks in noncirrhotics, 24 wks for cirrhotics; no RBV

Efficacy of SOF + SMV ± RBV in Real-World Settings

HCV-TARGET: Prospective Observational Cohort Study: Adjusted SVR4



TRIO: Prospective Observational Cohort Study: SVR12 in Tx-Naive GT1 HCV Pts[2]

