

DAA Treatment for Acute and Recent HCV Infection

Susanna Naggie, MD, MHS

Professor of Medicine, Duke University School of Medicine

Disclosures

- Dr Naggie has received research support from AbbVie, Gilead Sciences, Inc; served as scientific advisor for Vir, Pardes Biosciences, Silverback; serves on event adjudication committee for BMS/PRA and FHI360 and DSMB for PHI and NIH. (Updated 09/01/2023)

Acute and Early HCV infection

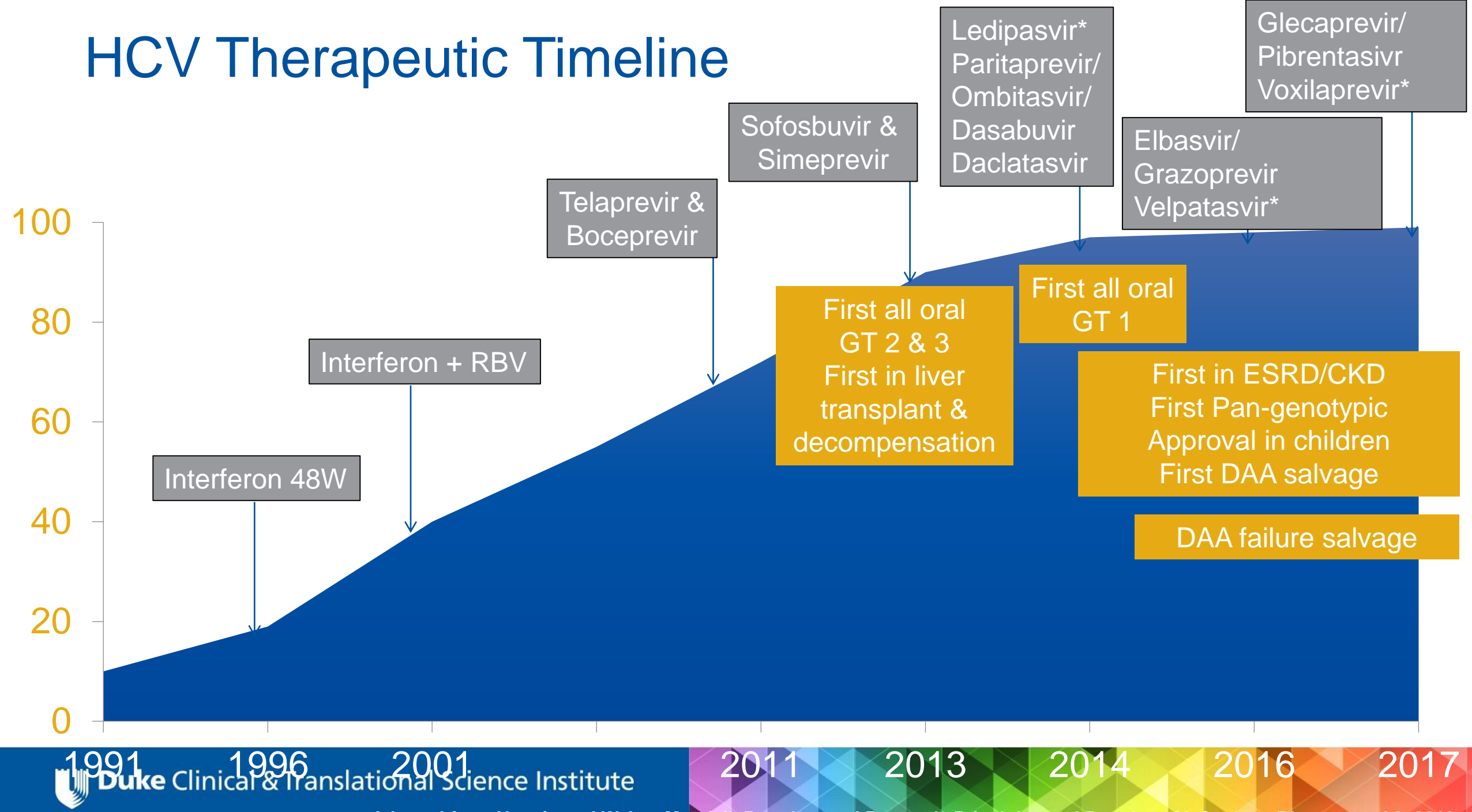
- Acute < 6 months, Early < 12 months
- Chronicity is common 65-85%
- <25% develop jaundice
- <1% develop fulminant hepatitis

AASLD/IDSA HCV Guidance	EASL Practice Guidelines
Treat without waiting, treat same as chronic	Treat without waiting, 8 weeks of SOF/Vel or G/P

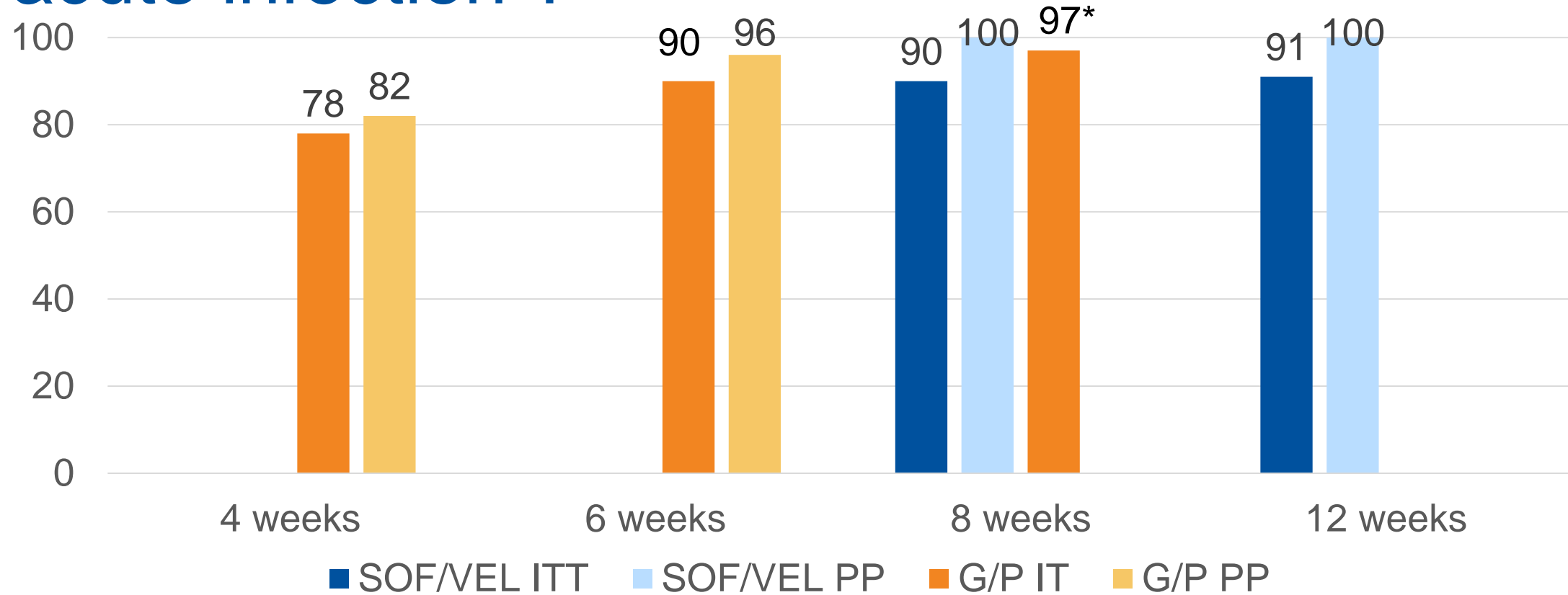
Martinello et al. CID 2023
EASL, J Hep 2020

<https://www.hcvguidelines.org/unique-populations/acute-infection>

HCV Therapeutic Timeline



How confident are we in DAA efficacy for acute infection ?



Martinello et al. CID 2023

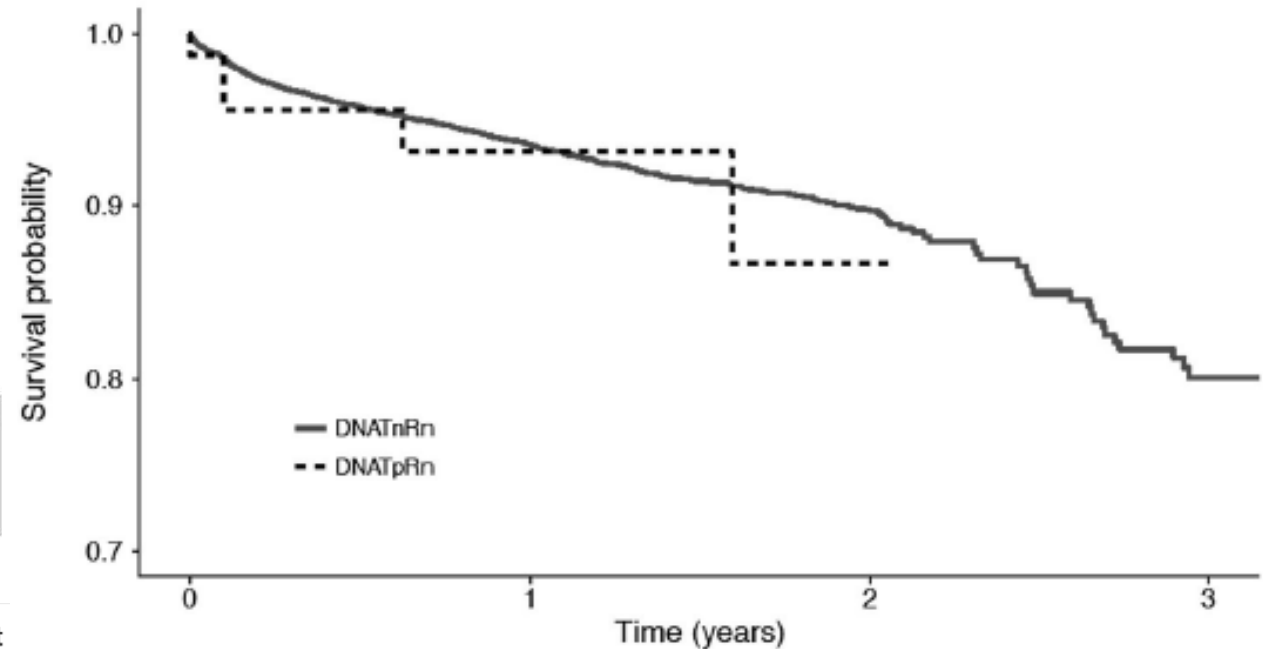
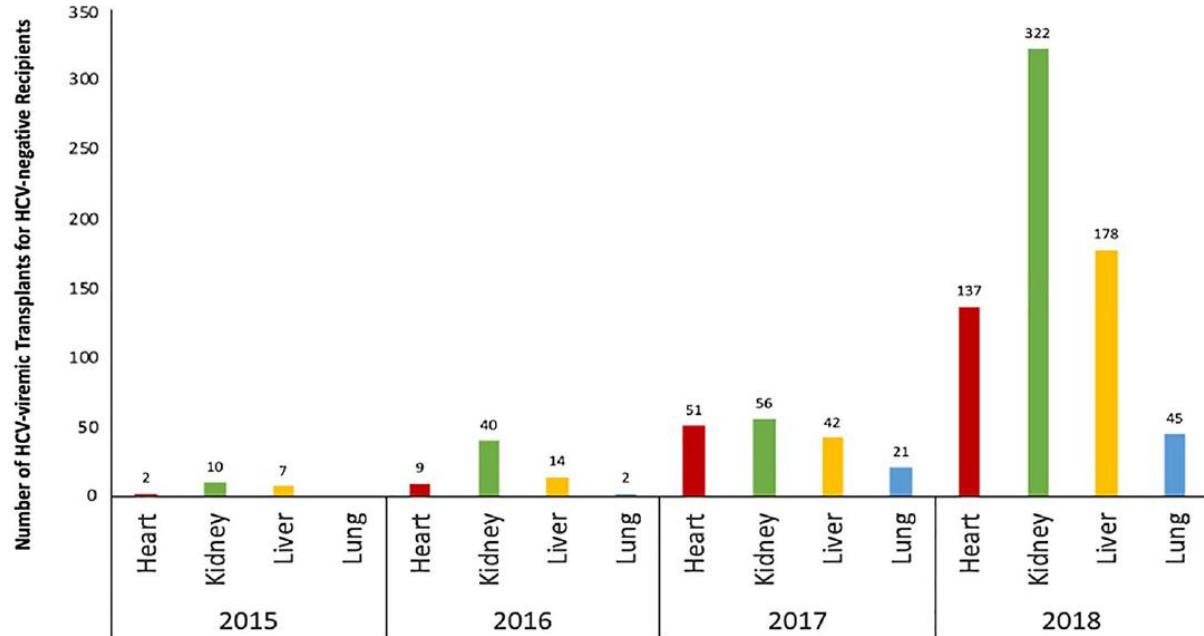
*chronic infection, including cirrhosis

What about failure?

- Limited experience due to high SVR rates
- Shorter regimen – no treatment emergent RAS
- SOF/VEL 6 week arm – 8 failures – 100% salvage cure
 - SOF/VEL/VOX X 12 weeks (n=3)
 - SOF/VEL X 12 weeks (n=1)
 - G/P X 8 weeks (n=4)
- SOF/VEL 12 week arm – 1 failure – cured SOF/VEL/VOX 12 weeks
- G/P 6 week arm – 1 failure – cured SOF/VEL/VOX 12 weeks
- G/P 4 week – 3 failures – 100% with follow-up
 - SOF/VEL X 12 weeks (n=1)
 - Grazoprevir/elbasvir (n=2), 1 LTFU

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Added perspective – NAAT+ organ donation



AJKD

Case Report

Antiviral Treatment Failures After Transplantation of Organs From Donors With Hepatitis C Infection: A Report of 4 Cases



Julie M. Steinbrink, Shanti Narayanasamy, Cameron R. Wolfe, Eileen Maziarz, Jennifer Byrns, Jennifer J. Kiser, and Susanna Naggie

Considerations for Controlled Human Infection Model

- Testing frequency, timing of infection identification
- Immediate treatment
- No drug interactions so SOF/VEL, G/P, SOF/VEL/VOX are options
- Treat as chronic infection
- Genotype
- Donor prior treatment exposure
- Could consider G/P first -> SOF/VEL/VOX salvage strategy

Questions

PREVENT



TEST



TREAT

