

ONLINE EXPERT POSTER REVIEW AND DISCUSSION

REPORTING FROM

The 47th Annual Meeting of the European Association for the Study of the Liver (EASL)

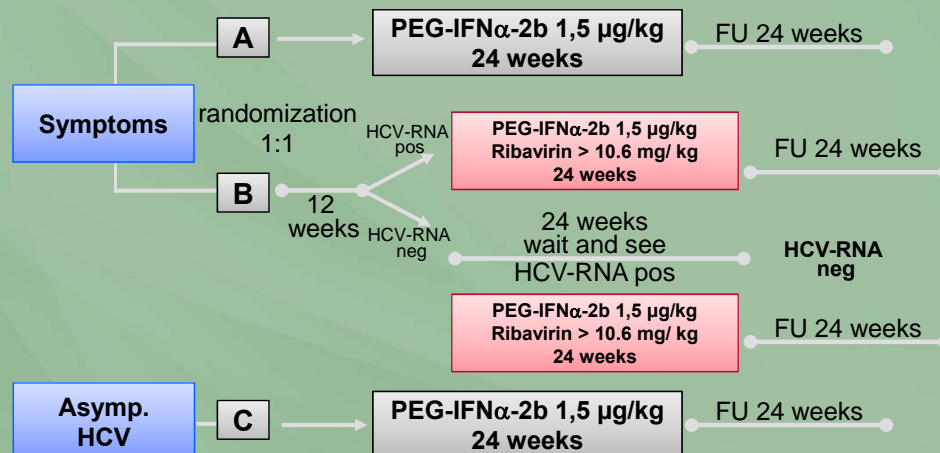
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Early versus delayed treatment of acute hepatitis C: Final results of the randomized controlled German HEP-NET acute HCV-III study

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Abstract #48

Study design – Acute HCV – III Study



Acute HCV – III Study, EASL 2012

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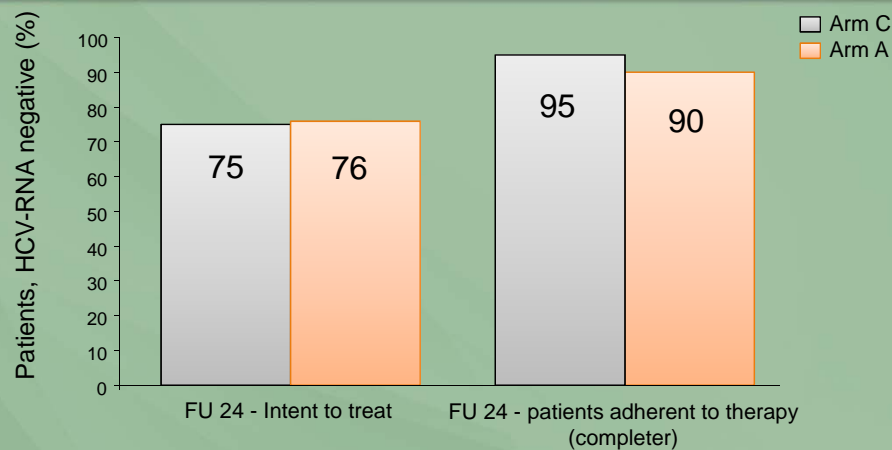
Baseline Characteristics

	Study Cohort
Patients (n)	132
Male, n (%)	77 (58%)
Female, n (%)	55 (42%)
Age (years), Median (range)	39 (19-70)
HCV - Genotype	
Genotype 1	87 (66%)
Genotype 2	11 (8%)
Genotype 3	24 (18%)
Genotype 4	1 (1%)
Other Genotype	1 (1%)
Genotype not applicable	8 (6%)
ALT (U/l), upper limit of normal (ULON), median (range)	26 times ULON (0, 3-116)
Bilirubin (mg/dl), upper limit of normal (ULON), median (range)	3 times ULON (0, 2-41)
IL28B-Genotype, n(%)	98 (74%)
CC	59 (60%)
CT	33 (34%)
TT	6 (6%)
Time from infection to onset	3 months (0-6)

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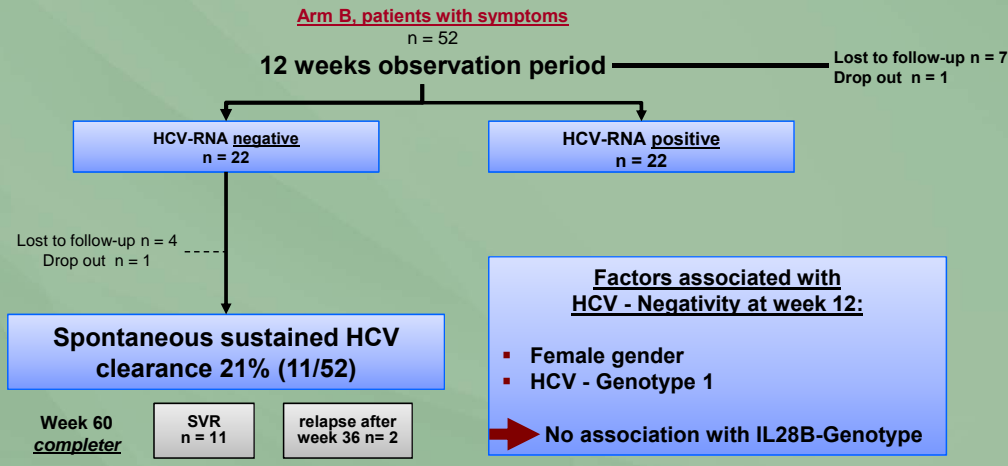
Virological Response Immediate Treatment (A + C)



Acute HCV – III Study, EASL 2012

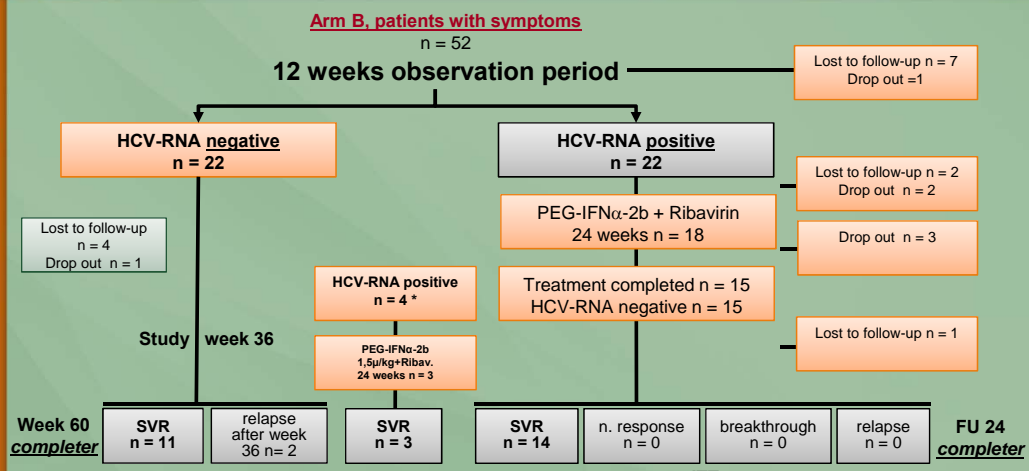
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Delayed Treatment – Arm B



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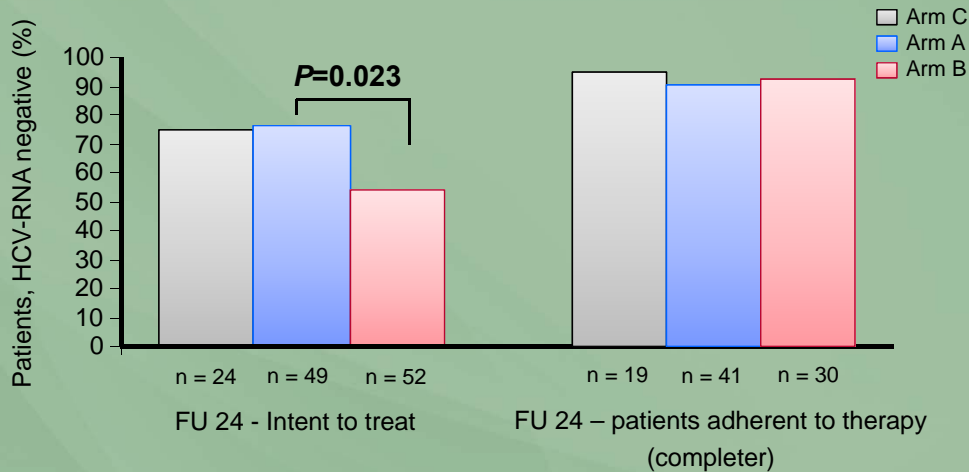
Delayed Treatment – Arm B



Acute HCV – III Study, EASL 2012
* 1 patient was not treated with IFN due to diagnosis of bronchial carcinoma

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Virological Response Arm A, Arm B, Arm C



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Conclusion

- This so far largest prospective and the first randomized European trial on acute hepatitis C confirmed that early immediate treatment with PEG-IFN alpha-2b is highly effective in both symptomatic and asymptomatic patients.
- Delayed PEG-IFN alpha-2b + ribavirin treatment resulted in lower overall response rates in this real-life treatment setting (ITT).
- However, if adherence can be assured delayed combination therapy seems to be of similar efficacy in symptomatic patients and might be recommended in particular for women infected with genotype 1.

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