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## Initial efficiency of the direct antiviral agent on HCV infected kidney transplant patients at Cho Ray Hospital

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**Purposes:** To evaluate the efficiency of DAA (Direct Antiviral Agent), in particular, Sofosbuvir, Ledipasvir in Hepatitis C treatment for patients with kidney transplants. Take note in the side effects and drug interactions during the treatment processes.

**Method:** Intervention, prospective, cohort, case studies, non-randomized, open on to all kidney transplant cases with chronic Hepatitis C tested positive HCV RNA (+); the patients from the cases above had agreed to be the research's subjects from 11/2015 to 8/2018 at Cho Ray hospital. Two regimens Sofosbuvir/Ribavirin and Sofosbuvir/Ledipasvir have been used for treatments, which depend on HCV genotype and liver cirrhosis levels.

**Results:** In 440 patients who had been observed after kidney transplants, 44 cases anti HCV (+), 29 cases HCV RNA (+) and 4 cases HBV/HCV Confection. There were 15 cases with chronic Hepatitis C participated in study. Males made up 66.6% of the group with the average age  $49 \pm 7.06$  yrs. There were 6.7% of them not taking full-course treatments. 80% of the patients were infected with only C virus, while 20% of the patients were co-infected with B and C virus. 40% of them had histories of previous blood transfusions. The ratio of patients with elevated liver enzymes was 33.3%. Genotype 1 (a and b) was 33.3%, genotype 2 was 6.7%, genotype 6 was 53.3% and 6.7% unidentifiable genotype. There were 2 cases which were treated with Sofosbuvir/Ribavirin regimen and 13 cases which were treated with Sofosbuvir/Ledipasvir regimen. Rapid virologic response (RVR) is 100%. Sustained virologic response (SVR) within 12 weeks and 24 weeks is 100%. Relapse ratio 0%. In regimen using Sofosbuvir/Ledipasvir, the side effects are mild and transient, including skin irritation, digestive disorders which account for 7.7%. In regimen using Sofosbuvir/Ribavirin, side effects including severe anemia, fatigue, loss of appetite related to Ribavirin occur in 50% of cases (1/2) which lead to stopping treatment termination after 10 weeks and being replaced with treatment regimens using Sofosbuvir/Daclatasvir with good results. No major interactions are recorded when being used simultaneously with immunosuppressive drugs such as Prograf, Sandimmun Neoral, Mycophenolate Mofetil, Prednisone in this research. No renal failure occurs. Liver enzymes are improved during and after treatment. There is improvement scale of fibroscan after treatment.

**Conclusion:** Sofosbuvir/Ledipasvir regimen have proven their effectiveness in treating chronic Hepatitis C genotype 1, 2 and 6 on kidney-transplanted patient, with RVR at 100%, SRV 12 and SRV 24 at 100%. Sofosbuvir/Ribavirin regimen have proven to be effective in eliminating virus and be economical in treating chronic hepatitis C genotype 2, however, the anemia side effect of ribavirin need to be considered in case it become serious and now the first-line regimens are Sofosbuvir/Daclatasvir or Sofosbuvir/Velpatasvir. There is improvement of hepatic fibrosis after treatment DAA.

### Biography

Xuan Truong Tran has completed his PhD at the age of 25 years (1989) and postdoctoral studies at Ho Chi Minh Medical University. He is the Chief of Department of General Medicine 9B1, Cho Ray Hospital, Vietnam from 2016 until now. His medical specialty is General Internal Medicine. In nearly 30 years on the internal medical field, he had experiences in malaria, infectious diseases and hepatitis, especially hepatitis B and C on kidney transplantation. He has participated more than 15 researches about malaria and hepatitis in kidney transplantation. He had made some reports in ISN or CAST conferences. He is a member of the Vietnam Association for the Study of Liver Disease (VASLD), Vietnam Uro-Nephrology Association (VUNA) and member of, International Society of Nephrology (ISN).

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