Comparison of Glecaprevir/pibrentasvir and Sofosbuvir/ledipasvir as Pangenotypic DAA

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Background/Aims: Present most guidelines recommend Glecaprevir/pibrentasvir (GLE/PIB) or Sofosbuvir/velpatasvir (SOF/VEL) as pangenotypic DAA for patient with chronic hepatitis C. Besides of GLE/PIB, Sofosbuvir/ledipasvir (SOF/LDV) instead of SOF/VEL have been used as pangenotypic DAA because of insurance restriction in South Korea where HCV genotypes are mostly 1 and 2. We aimed to compare GLE/PIB and SOF/LDV as pangenotypic DAA in real-life practice.

Methods: We retrospectively collected data of genotype 1 or 2 chronic hepatitis C patients who have been treated with GLE/PIB or SOF/LDV in 7 university hospitals in South Korea. We analyzed viral response, safety, tolerability, and medication adherence.

Results: Total 782 patients were prescribed with GLE/PIB (575) or SOF/LDV (207). Twenty-one patients did not complete treatment protocol (follow-up loss 18, expire; 1, stop due to side effect; 2) Two patients treated with GLE/PIB stopped medication because of fever and abdominal discomfort. Some patients had complained of mild side effects such as headache, itching, rash, etc. Treatment persistence was high for both regimens (95.7% vs. 97.9%, p=0.084). One hundred twenty-one patients did not get the SVR12 test. So, 640 patients (GLE/PIB; 473, SOF/LDV; 167) were finally analyzed for viral response. Baseline characteristics showed significant statistical difference in genotype 1 (26.2% vs. 82.6%, p<0.01), LC (16.1% vs. 23.4%, p=0.04), HCC (1.3% vs. 4.2%, P=0.02), ascites (1.3% vs. 6.6%, p<0.01), but no difference in age (60.7±13.0 vs. 58.4±12.4, p=0.287), male sex (41.0% vs. 44.3%, p=0.458), albumin (4.3±1.3 vs. 4.2±0.5, p=0.86), total bilirubin (0.8±1.1 vs. 0.8±0.6, p=0.70) between GLE/PIB and SOF/LDV groups, respectively. Six patients treated with GLE/PIB showed treatment failure without statistical difference (98.7% vs. 100%, p=0.14). All six patients were male and showed negative HCV RNA at 8 weeks after treatment. Sex, retreatment was predictable factor for treatment failure.

Conclusions: Overall, the two regimens were equivalent in drug persistence rate, effectiveness and safety. This result support SOF/LDV regimen is also usable as pangenotypic DAA in patients with genotype 1 or 2 in South Korea.