Background

• The endpoint to consider hepatitis C virus (HCV) infection cured is the achievement of a sustained virologic response 12 weeks after treatment completion (SVR12).
• Late recurrences beyond a sustained virologic response 12 weeks after treatment completion are rare.

Aim

• Herein, we report two cases of HCV-infected cancer patients with late relapses post direct-acting antivirals.

Methods

• Patients with any type of cancer and chronic HCV treated with DAAs between 01/2014 and 03/2018 at MD Anderson Cancer Center were prospectively followed.
• All patients had HCV RNA levels at baseline; 2 and 4 weeks after initiation of direct acting antivirals; at end of treatment and 12 weeks after completion of treatment.
• No phylogenetic analyses were available for the collected samples.

Results

• Among 196 HCV-infected cancer patients treated with DAAs, 20 developed viral relapse, 2 (10%) of them with late relapse (Figure 1 and 2).
• Both patients denied behaviors, exposures, and conditions associated with HCV reinfection.

Case 1

• 56-year-old male with hepatocellular carcinoma, HCV genotype 1a, interferon-experienced, with compensated cirrhosis received in 2017 ledipasvir/sofosbuvir for 12 weeks, followed by systemic chemotherapy with sorafenib.
• He achieved a sustained virologic response 12 weeks after treatment completion but developed HCV relapse 12 weeks later (24 weeks after the end of treatment) (Figure 1).
• The patient remained infected with HCV 1a. He did not receive retreatment due to hepatocellular carcinoma not amenable to curative treatment.

Case 2

• 57-year-old male with multiple myeloma, HCV genotype 1a, interferon-experienced without cirrhosis.
• He received sofosbuvir and simeprevir in 2015 for 12 weeks.

Conclusions

• Late HCV relapses are rare but can occur in HCV-infected cancer patients.
• Long-term monitoring of HCV-RNA and easy-to-use tests to differentiate relapses from reinfection in real-world practice are warranted in this population.