

**Sustained virologic response to direct-acting antiviral agents predicts better outcomes in HCV-infected patients: a retrospective study**

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**SUPPLEMENTAL MATERIAL**

**Table S1. Inclusion criteria for direct-acting antiviral agents use by the Italian Medicines Agency (AIFA) recommendations and according to the sustained virologic response achievement and hepatocellular carcinoma development.**

N.	Criterion	No SVR n = 18	SVR n = 362	No HCC n = 363	HCC* n = 17
1	Patients with cirrhosis of class A or B Child-Pugh and/or with the presence of a hepatocellular carcinoma that has been cured by surgery or local therapy and that are not potential candidate to liver transplantation [n (%)]	12 (66.7)	118 (32.6)	116 (31.9)	14 (82.3)
2	HCV viremia recurrent after liver transplantation in patients clinically stable and with an optimal immunosuppressive therapy [n (%)]	1 (5.6)	9 (2.5)	9 (2.5)	1 (5.9)
3	Serious extrahepatic manifestations independently of grade of liver fibrosis evaluated by the Metavir score system [n (%)]	0	19 (5.2)	19 (5.2)	0
4	Chronic liver inflammation with a Metavir score of more than F2 [n (%)]	3 (16.7)	90 (24.8)	92 (25.3)	1 (5.9)
5	Patients in waiting list for liver transplantation with a Model for End-Stage Liver Disease (MELD) score of less than 25, and/or with a hepatocellular carcinoma that can be cured according to Milan criteria, and that can wait in list for at least 2 months [n (%)]	0	1 (0.3)	1 (0.3)	0
6	Patients with transplantation of bone marrow or solid organ other than liver with liver fibrosis more than Metavir score F1 [n (%)]	0	4 (1.1)	4 (1.1)	0
7	Patients with chronic hepatitis with fibrosis Metavir more than F2 and/or the presence of chronic pathological conditions that can participate to liver damage such as HIV or HBV coinfection, non-viral chronic liver disease, drug-treated diabetes, obesity, or congenital hemoglobin or coagulation diseases [n (%)]	0	38 (10.5)	38 (10.5)	0
8	Chronic hepatitis with fibrosis Metavir F0-F1 and/or the presence of chronic pathological conditions that can participate to liver damage such as HIV or HBV coinfection, non-viral chronic liver disease, drug-treated diabetes, obesity, or congenital hemoglobin or coagulation diseases [n (%)]	2 (11.1)	83 (22.9)	84 (23.1)	1 (5.9)

DAAs, direct-acting antiviral agents; SVR, sustained virologic response; HCC, hepatocellular carcinoma. \*P=0.007 by Fisher exact test between HCC and inclusion criteria.

**Table S2. Frequencies of direct-acting antiviral agents use according to the sustained virologic response achievement and hepatocellular carcinoma development**

<b>Drugs association</b>	<b>No SVR n= 18</b>	<b>SVR* n = 362</b>	<b>No HCC n = 363</b>	<b>HCC** n = 17</b>
Daclatasvir + Ribavirin [n (%)]	3 (16.7)	47 (13.0)	47 (12.9)	3 (17.6)
Sofosbuvir + Velpatasvir [n (%)]	2 (11.1)	84 (23.2)	86 (23.7)	0
Ledipasvir + Ribavirin [n (%)]	1 (5.6)	57 (15.7)	57 (15.7)	1 (5.9)
Glecaprevir + Pibrentasvir [n (%)]	0	57 (15.7)	57 (15.7)	0
Simeprevir + Sofosbuvir [n (%)]	5 (27.8)	21 (7.7)	28 (7.7)	8 (47.0)
Sofosbuvir + Ribavirin [n (%)]	4 (22.2)	35 (9.9)	36 (9.9)	3 (17.6)
Elbasvir + Grazoprevir [n (%)]	2 (11.1)	24 (6.6)	24 (6.6)	2 (11.8)
Ombitasvir + Paritaprevir + Ritonavir [n (%)]	1 (5.6)	27 (7.7)	28 (7.7)	0

DAAs, direct-acting antiviral agents; SVR, sustained virologic response; HCC, hepatocellular carcinoma. \*P=0.010 and \*\*P<0.001 by Fisher exact test between drug association and SVR or HCC, respectively.

**Table S3. Frequencies of hepatitis C virus genotypes according to the sustained virologic response achievement and hepatocellular carcinoma development**

<b>HCV genotype</b>	<b>No SVR n = 18</b>	<b>SVR n = 362</b>	<b>No HCC n = 363</b>	<b>HCC n = 17</b>
1a [n (%)]	0	61 (16.8)	61 (16.8)	0
1b [n (%)]	7 (38.9)	137 (37.8)	136 (37.5)	8 (47.1)
2 [n (%)]	5 (27.8)	78 (21.5)	81 (22.3)	2 (11.8)
3 [n (%)]	3 (16.7)	51 (14.1)	50 (13.8)	4 (23.5)
4 [n (%)]	3 (16.7)	22 (6.1)	22 (6.1)	3 (17.6)
5 [n (%)]	0	12 (3.3)	12 (3.3)	0
6 [n (%)]	0	1 (0.3)	1 (0.3)	0

DAA, direct-acting antiviral agents; SVR, sustained virologic response; HCC, hepatocellular carcinoma.

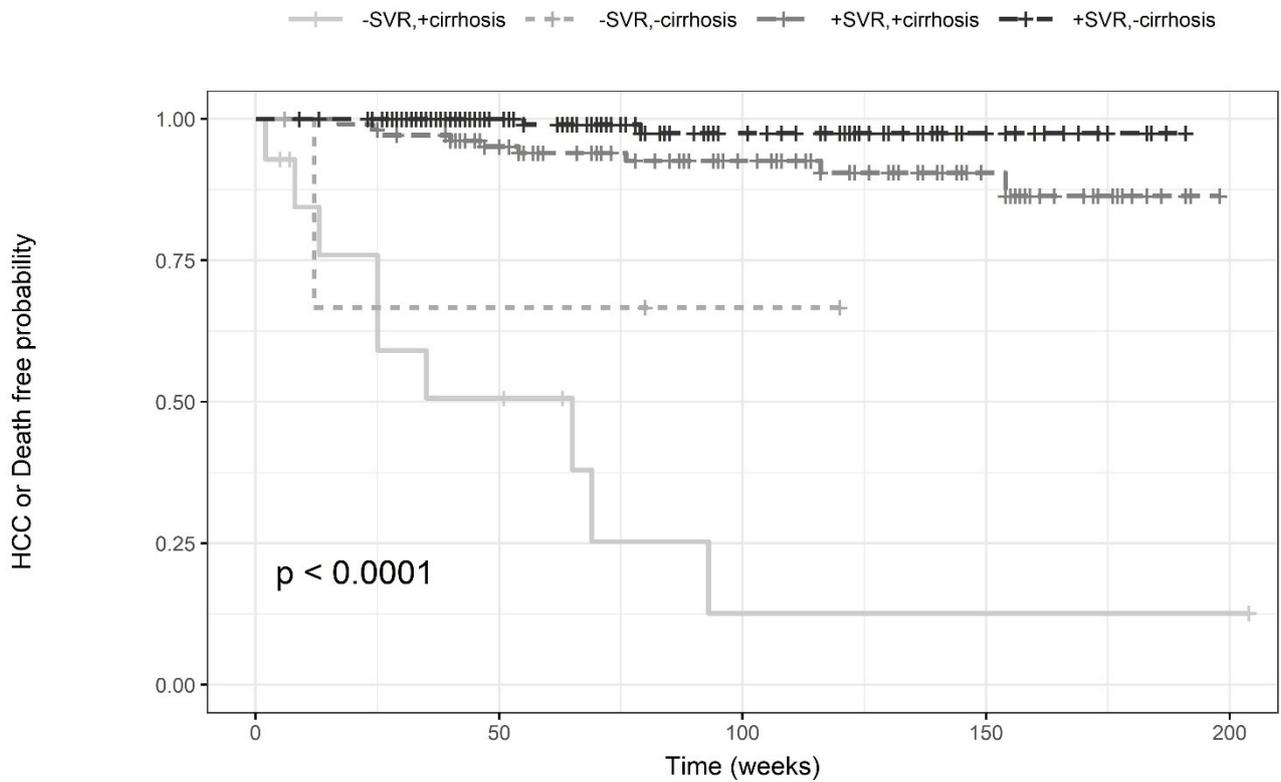
**Table S4. Frequency of adverse events occurred during the treatment with direct-acting antiviral agents.**

<b>Adverse event</b>	<b>No SVR n = 18</b>	<b>SVR n = 362</b>	<b>P</b>
Lymphomas [n (%)]	1 (5.6)	0	NS
Acute liver failure [n (%)]	2 (11.1)	0	0.015
Acute kidney disease [n (%)]	1 (5.6)	0	NS
Abdominal pain [n (%)]	2 (11.1)	1	0.043
Cutaneous rash or itching [n (%)]	1 (5.6)	1 (0.3)	NS
Severe thrombocytopenia (< 50 x 10 <sup>3</sup> /ml) [n (%)]	0	1 (0.3)	NS
Hypotension [n (%)]	1 (5.6)	0	NS
Hypertension crisis [n (%)]	1 (5.6)	0	NS
Anxiety, insomnia, or agitation [n (%)]	2 (11.1)	0	0.015
DAAs interruption [n (%)]	4 (22.2)	1 (0.3)	<0.001
Ribavirin interruption [n (%)]	0	2 (0.6)	NS

DAAs, direct-acting antiviral agents; SVR, sustained virologic response.

**Figure S1**

Kaplan-Meier curves of hepatocellular carcinoma (HCC) or mortality free probability by sustained virologic response (SVR) achievement and the presence of cirrhosis



Number at risk

	0	50	100	150	200
-SVR,+cirrhosis	14	6	1	1	1
-SVR,-cirrhosis	4	2	1	0	0
+SVR,+cirrhosis	108	87	55	22	0
+SVR,-cirrhosis	254	107	50	20	0

X-axis: Time (weeks)