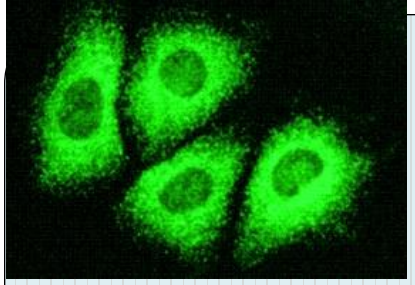
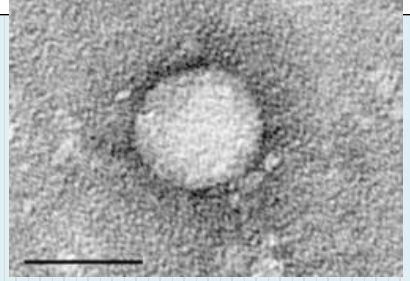
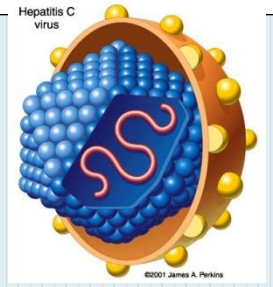
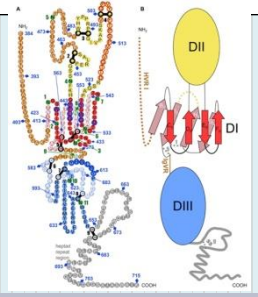
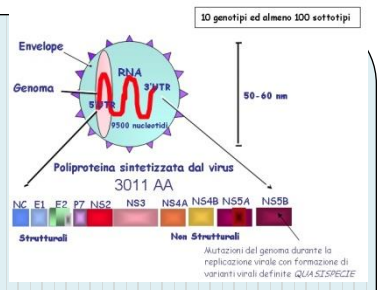








Hepatitlerde güncel literatür:

Hepatit C

Dr. Orhan YILDIZ
Erciyes Üniversitesi Tıp Fakültesi
İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji A.D.
e-mail: oyildiz@erciyes.edu.tr

Epidemiyolojik Çalışmalar

OFFICIAL JO

SN 1478-3223

A syste … ada
and Isra

Markus Cor …
Olav Dalgar …
Ioannis Gou … a[19],
Spilios Man … Puoti[25],
Olga Sagalc …
Eli Zuckerm …

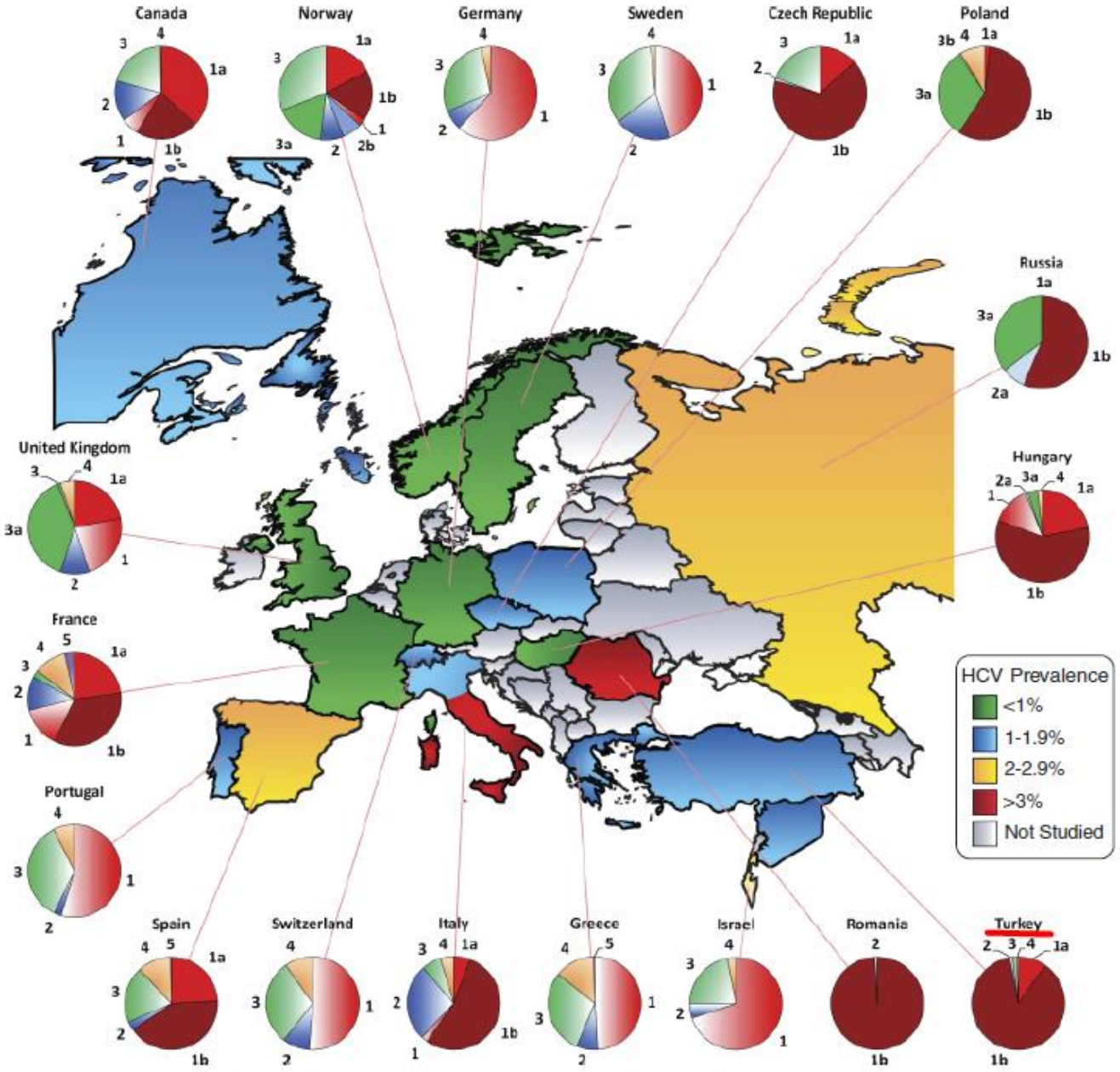


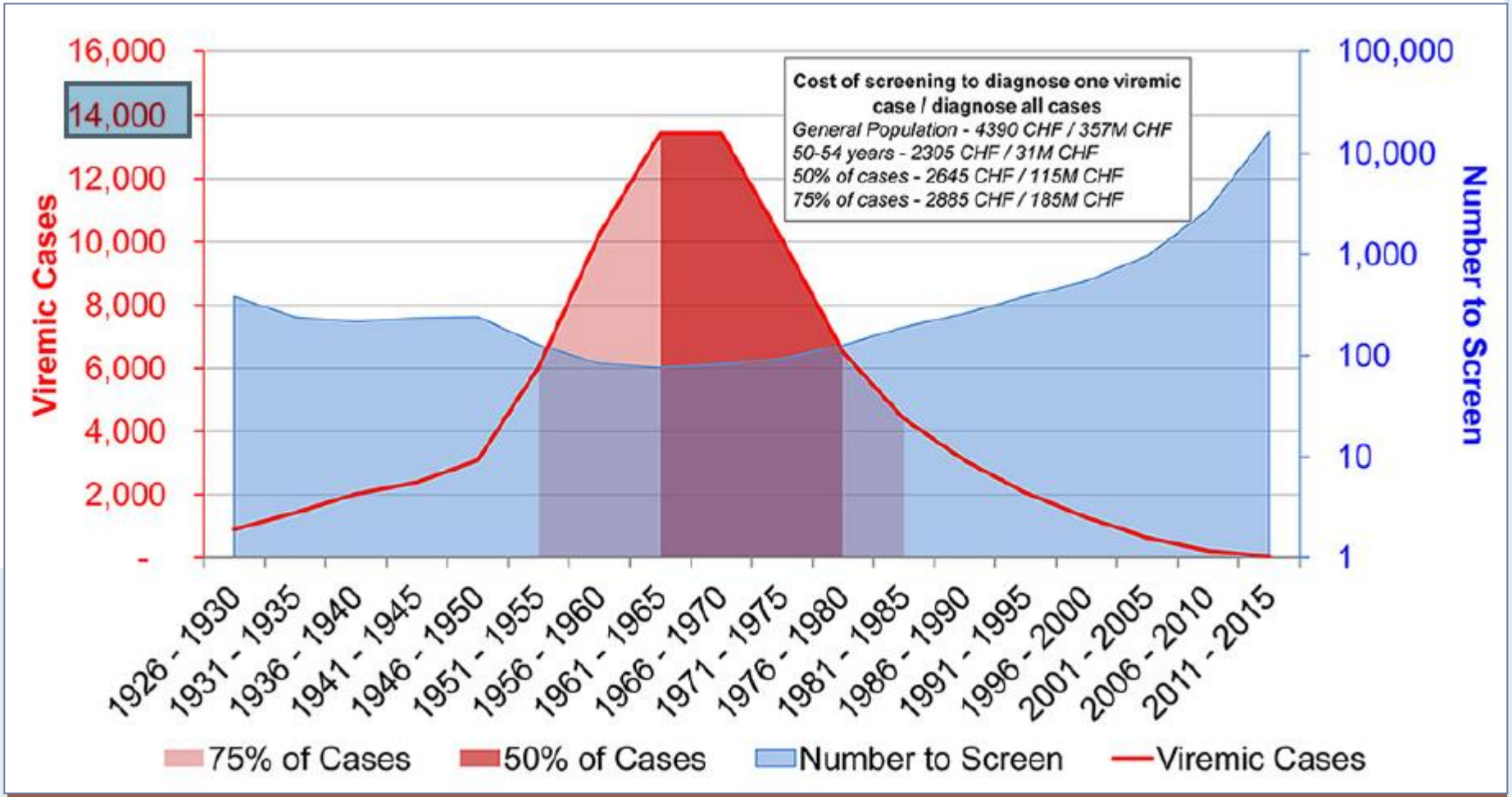
Fig. 1. Hepatitis C virus prevalence and genotype distribution in Europe, Canada and Israel.

- 860 ep …
- En düş …
- En yük …
- TÜRKİ … verileri
  - %0 …
  - GT …

Swiss Medical Weekly

Formerly: Schweizerische Medizinische Wochenschrift

An open access, online journal • www.smw.ch



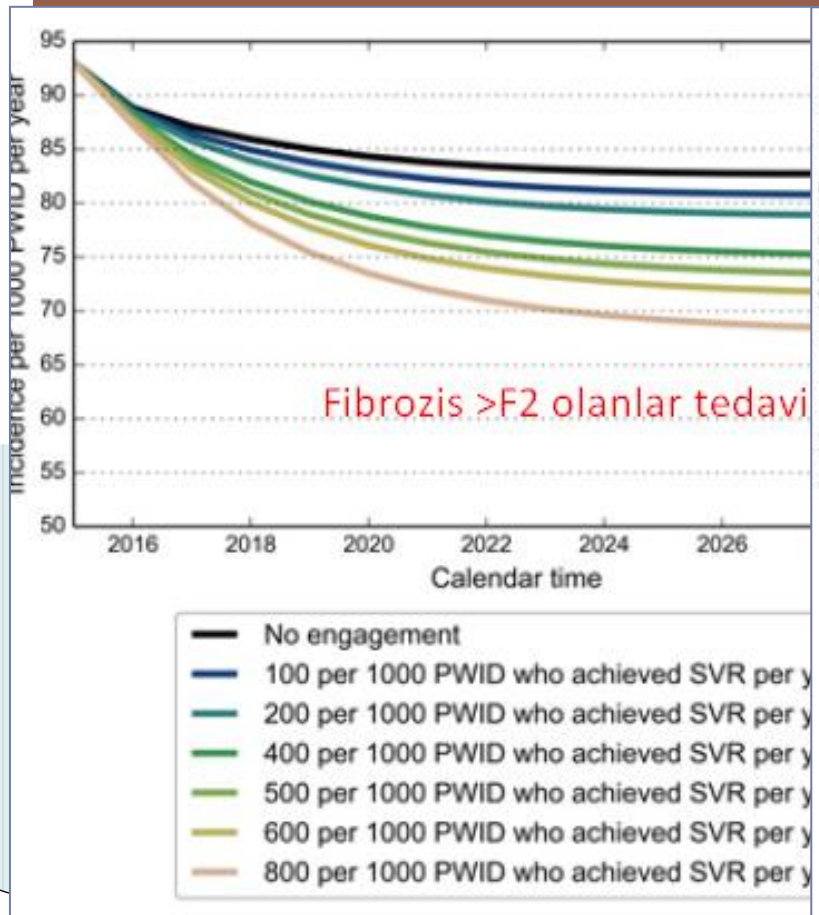
- Maliyet açısından rastgele tarama yapmak yerine yaş kohortuna göre tarama yapmak daha efektif

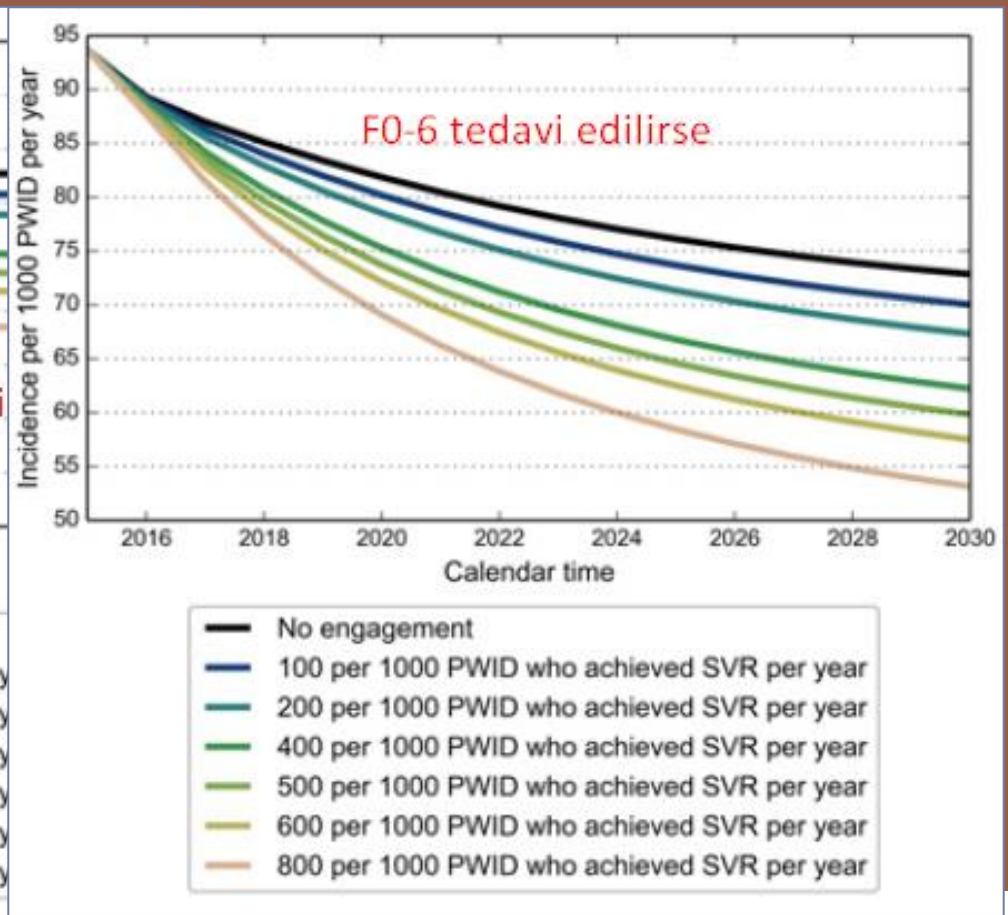
Epidemiyolojik Çalışmalar

PLOS ONE | DOI:10.1371/journal.pone.014383

RESEARCH ARTICLE

Are Interferon-Free Direct-Acting Antivirals for the Treatment of HCV Enough to Control the Epidemic among People Who Inject





Maliyet-etkinlik Çalışmaları

Research

Original Investigation

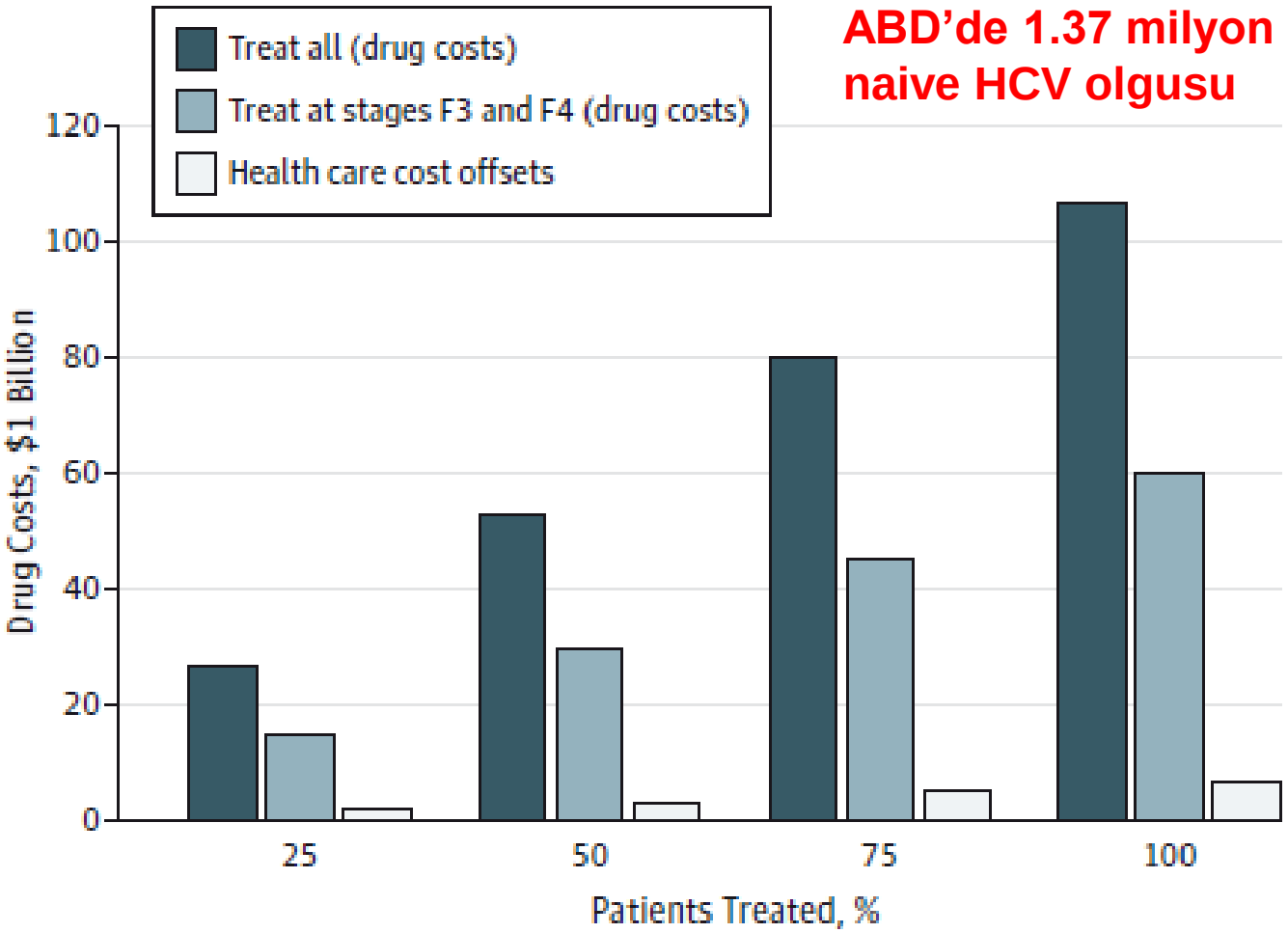
Cost-effecti
of Hepatitis
in a US Trea

Harinder S. Chahal, PharmD,
Daniel A. Ollendorf, PhD; Ren

JAMA Internal

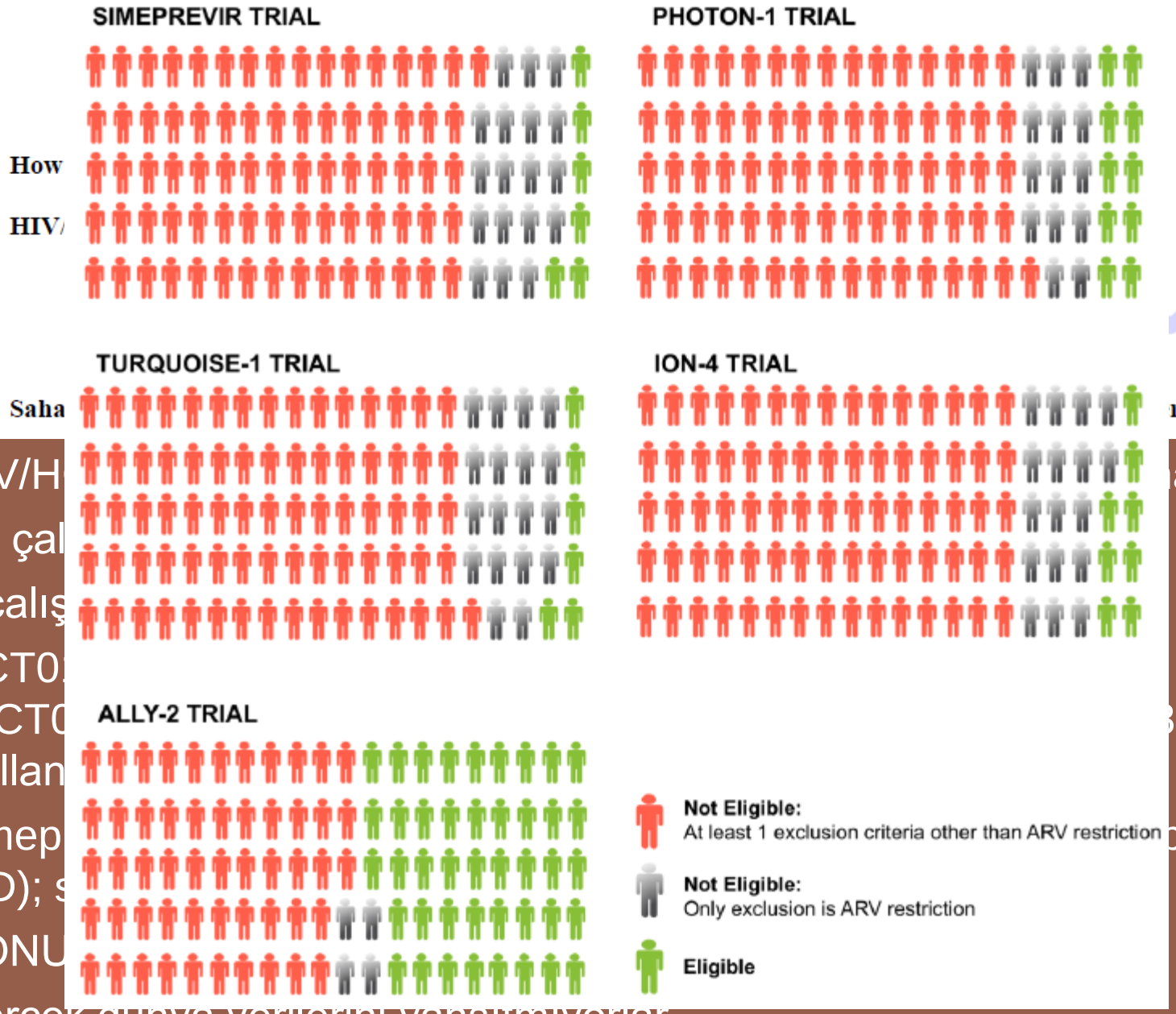
- 1000 GT-1, nai
- 8-12 hafta sofo
  - 'Quality adj
  - 'Incrementa
  - Farklı fibroz
- SONUÇ:
- Tüm fibrozis ev
- Fibrozisin erker

Figure 4. Budget Impact Analyses for Initial Treatment of Patients



ABD'de 1.37 milyon naive HCV olgusu

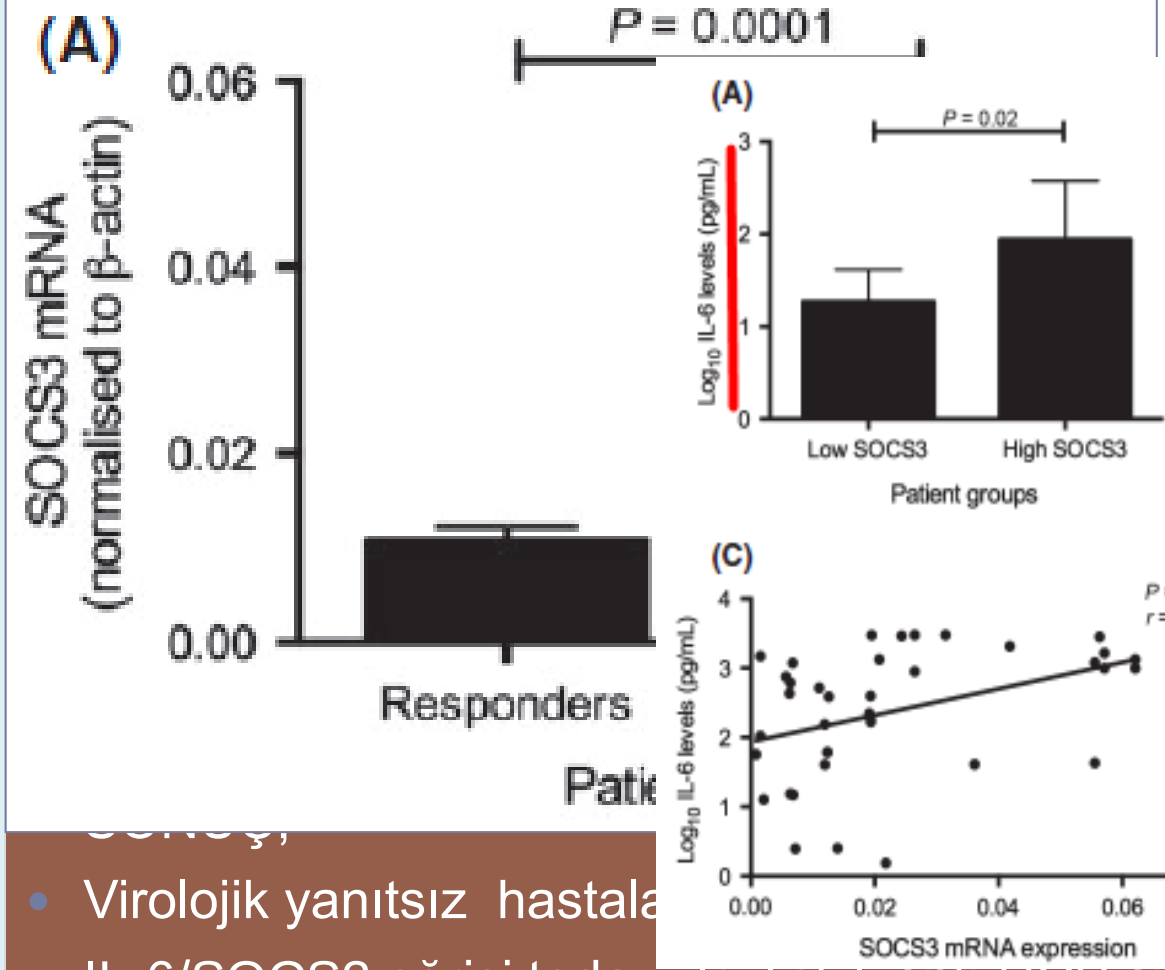
HIV/HCV Koinfeksiyonu Çalışmaları

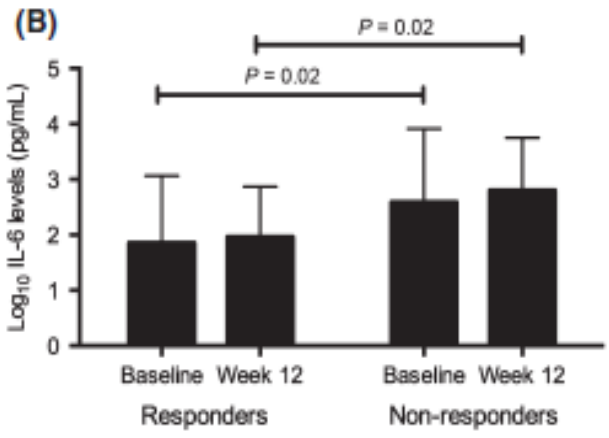


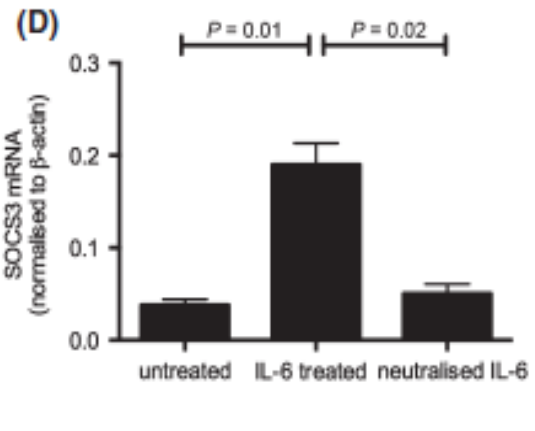
- HIV/H … a var
- Bu çal
- 5 çalış
- NCT0
  (NCT0 … 888)
  Kullan
- simep … buvir
  (3D); s
- SONU
- Gerçek dünya verilerini yansıtmıyorlar

Liver INTERNATIONAL

Liver International ISSN 1478-3223







- Virolojik yanıtsız hastala
- IL-6/SOCS3 eğrisi tedaviyle ilişkili anti-HCV sitokin yanıtında kritik rol oynar

Moleküler-Diagnostik- Direnç çalışmaları

Electronic Physician (ISSN: 2008-5842) http://www.ephysician.ir

December 2015, Volume: 7, Issue: 8, Pages: 1619-1625, DOI: http://dx.doi.org/10.19082/1619

Occult Hepatitis C Virus Infection in Hemodialysis Patients; Single Center Study

Samya El-shishtawy[1], Nevine Sherif[1], Emad Abdallh[1], Laila Kamel[2], Mohamed Shemis[3], Abdel Aziz Ali Saleem[4], Haitham Abdalla[4], Hesham Gamal el Din[5]

[1] Nephrology Department, Theodor Bilharz Research Institute, Giza, Egypt
[2] Clinical Pathology Department Theodor Bilharz Research Institute, Giza, Egypt
[3] Biochemistry Department, Theodor Bilharz Research Institute, Giza, Egypt
[4] Department of Tropical Diseases, Theodor Bilharz Research Institute, Giza, Egypt
[5] Clinical Pathology Department National Research Center, Giza, Egypt

Table 3. Virological results in both HD patients and control subjects

	Control (n = 10)	HD patients (n = 53)
Serum anti- HCV Abs	0 (0%)	0 (0%)
Serum HCV RNA by PCR	0 (0%)	0 (0%)
HCV RNA in PBMCs by PCR	------	8 (15.1%)

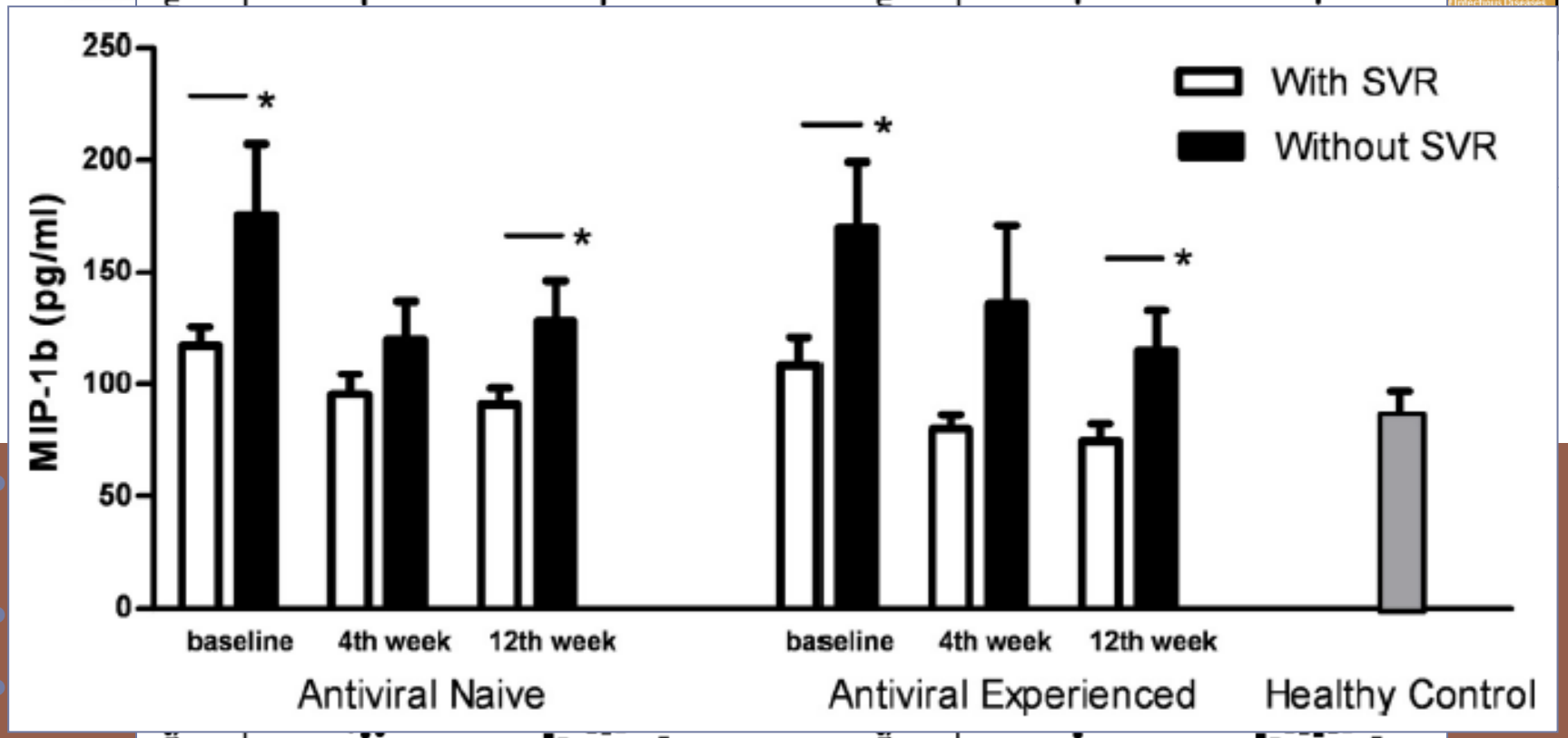
Data are expressed as number (%).

- 6 aydan fazla hemodiyalize giren anti-HCV ve HCV-RNA negatif 53 hasta Periferik mononükleer hücrelerde HCV-RNA çalışılmış
- SONUÇ:
- Okkült HCV infeksiyonu oranı %15.1

Moleküler-Diagnostik- Direnç çalışmaları

International Journal of Infectious Diseases 33 (2015) 15–21

Contents lists available at ScienceDirect



- SON
- Serum MIP-1 düzeyleri yeniden tedavi edilen hastalarda EVY ve KVY'nin bağımsız ve etkin bir prediktörüdür

Moleküler-Diagnostik- Direnç çalışmaları

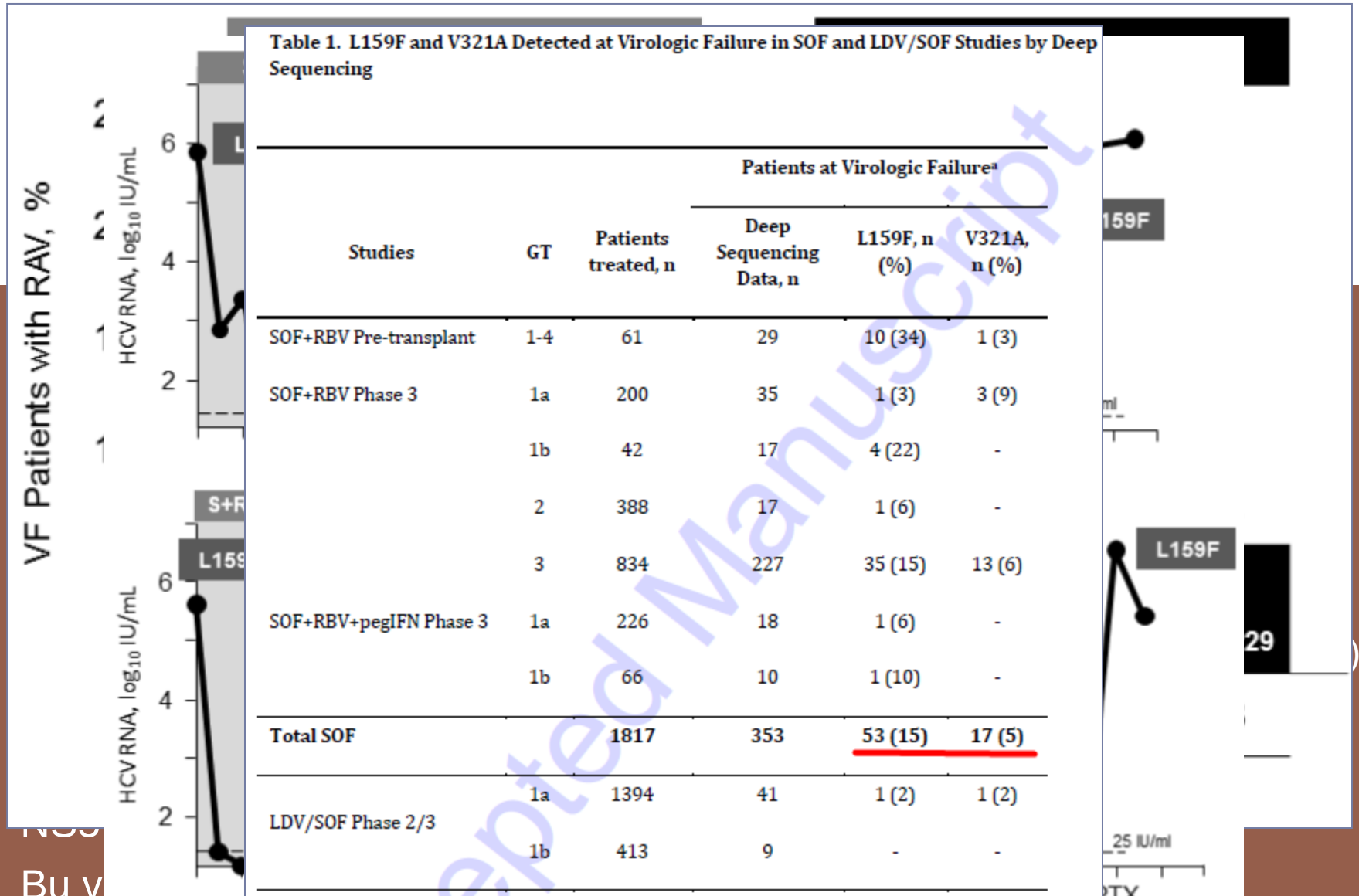
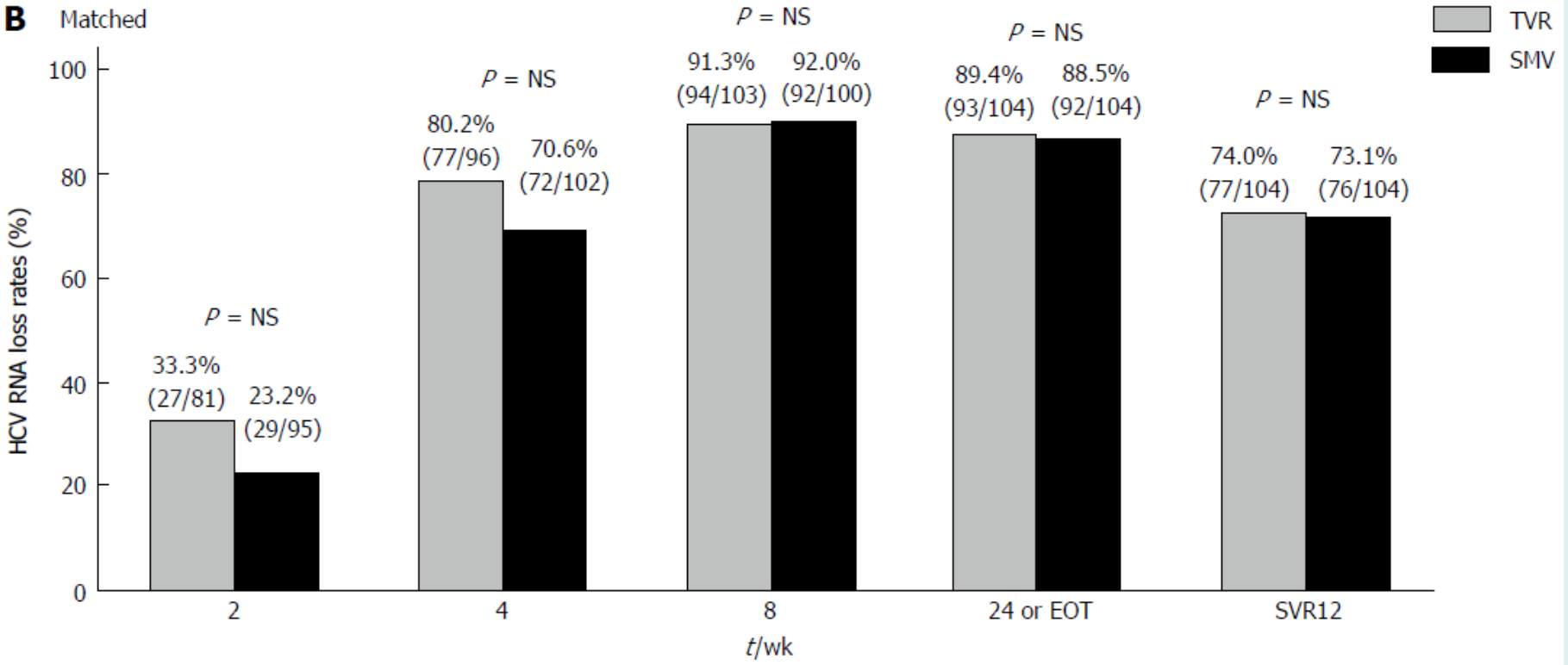


Table 1. L159F and V321A Detected at Virologic Failure in SOF and LDV/SOF Studies by Deep Sequencing

Studies	GT	Patients treated, n	Patients at Virologic Failure[a]		
			Deep Sequencing Data, n	L159F, n (%)	V321A, n (%)
SOF+RBV Pre-transplant	1-4	61	29	10 (34)	1 (3)
SOF+RBV Phase 3	1a	200	35	1 (3)	3 (9)
	1b	42	17	4 (22)	-
	2	388	17	1 (6)	-
	3	834	227	35 (15)	13 (6)
SOF+RBV+pegIFN Phase 3	1a	226	18	1 (6)	-
	1b	66	10	1 (10)	-
Total SOF		**1817**	**353**	**53 (15)**	**17 (5)**
LDV/SOF Phase 2/3	1a	1394	41	1 (2)	1 (2)
	1b	413	9	-	-
Total LDV/SOF		**1807**	**50**	**1 (2)**	**1 (2)**

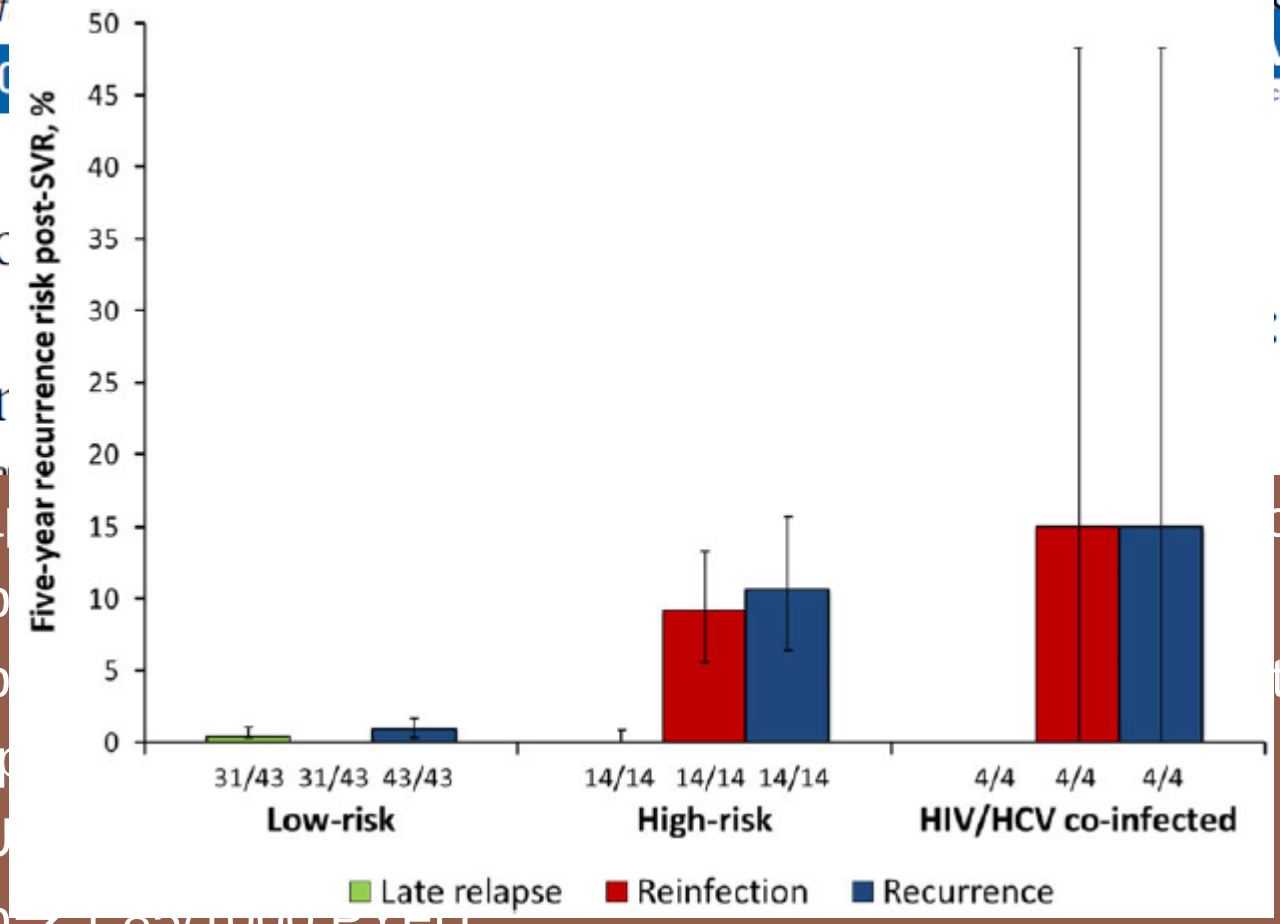
- Bu v
- Başlangıçta ile tedavi sonuçlarını etkilememekte

World Journal of Hepatology



- SONUÇ
- TVR ve SMV'li kombinasyonlar aynı etkinlikte

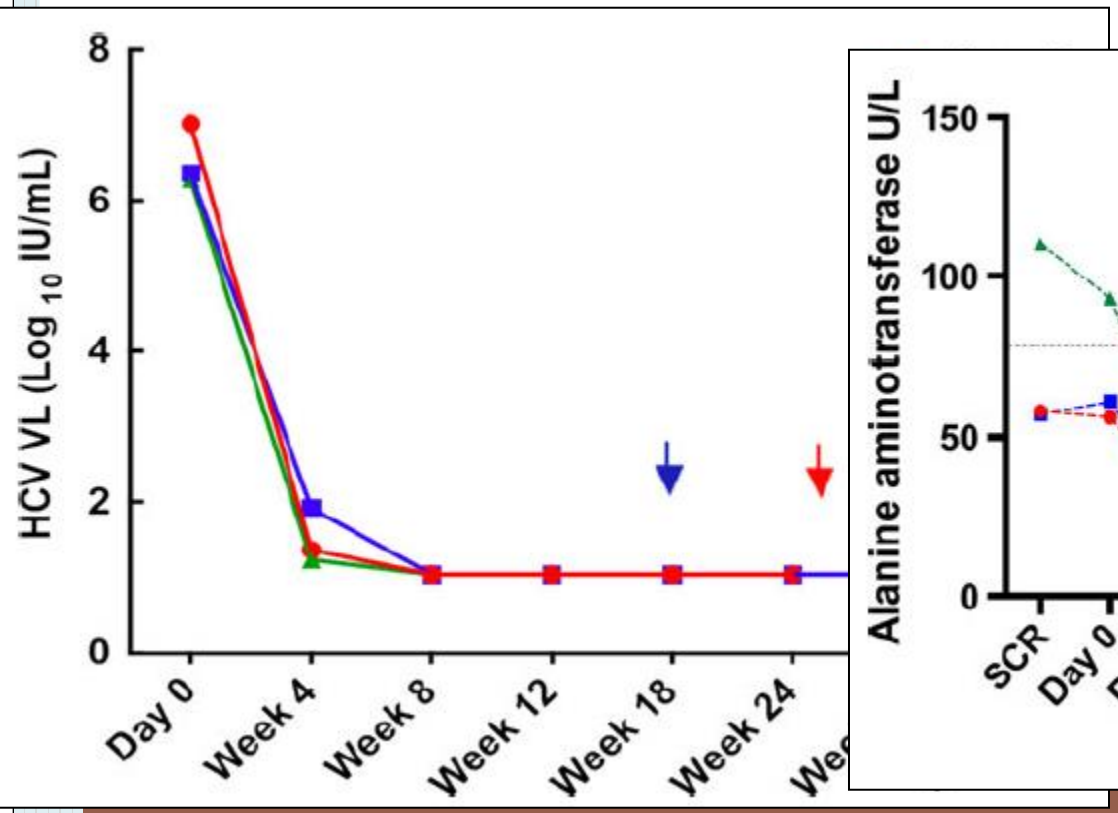
Direkt Etkili Antiviraller

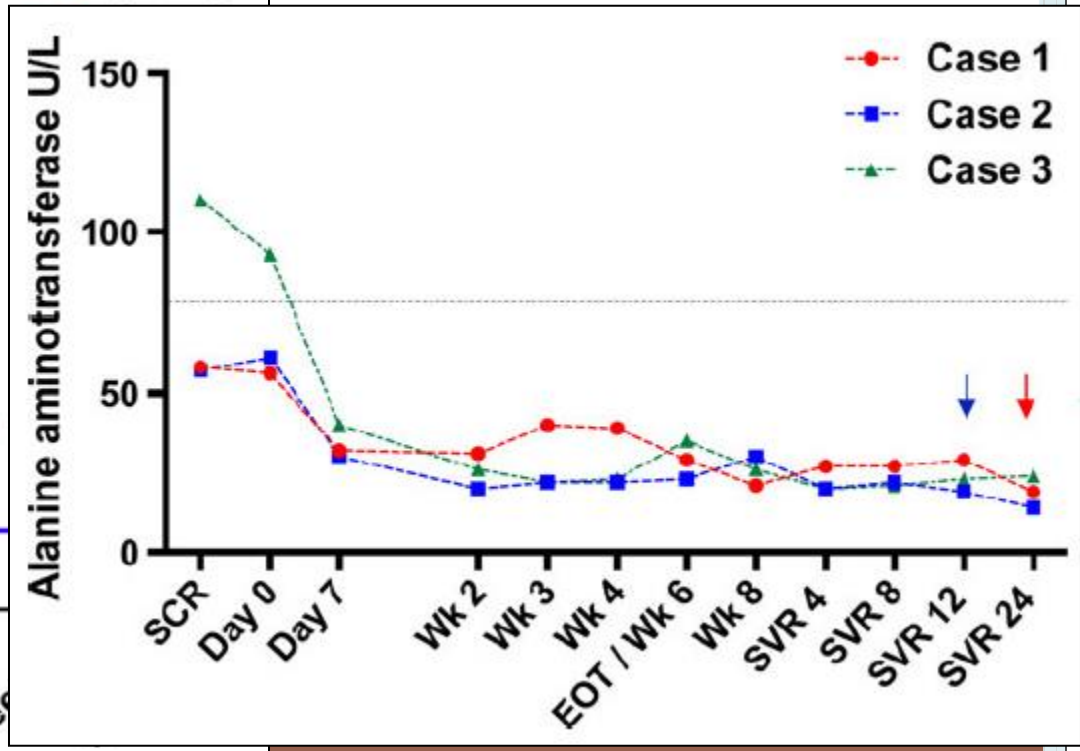


Geç rela… …play (PYFU)

- 1.grup…
- 2.grup… …ta
- 3.grup…
- SONU…
- 1.grup→ 1.85/1000 PYFU
- 2.grup→ 22.32/1000 PYFU
- 3.grup→ 32.02/1000 PYFU
- Reinfeksiyon riski risk grubuna göre çok farklı

Durable Sustained Virologic Response After Oral Directly Acting Antiviral Therapy Despite Immunosuppressive Treatment





- SONUÇ:
- Direkt etkili antiviraller immunsupressif HCV hastalarında da etkili

Direkt Etkili Antiviraller

Successful treatment of Hepatitis C in renal transplant recipients with direct-acting antiviral agents

Authors: S

KA[2,3] and B

Affiliations

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Pennsylvan

2. Departme

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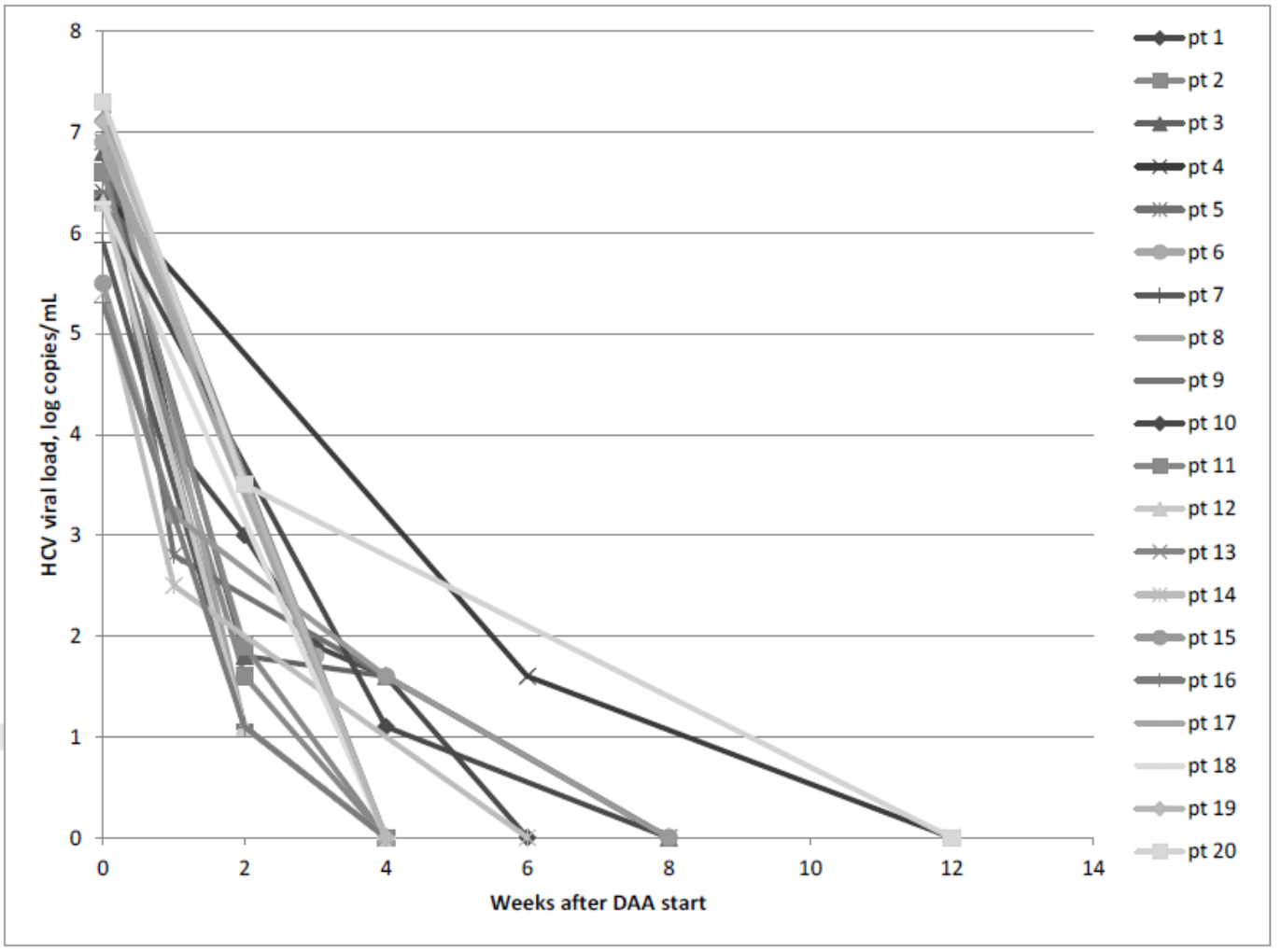

Liver INTERNATIONAL

Liver International ISSN 1478-3223

RAPID COMMUNICATION

Sofosbuvir and simeprevir in hepatitis C genotype 1-patients with end-stage renal disease on haemodialysis or GFR <30 ml/min

Hector E. Nazario[1], Milka Ndungu[1] and Apurva A. Modi[2]

1 Division of Hepatology, The Liver Institute at Methodist Dallas Medical Center, Dallas, TX, USA
2 Division of Hepatology, Liver Consultants of Texas, Baylor All Saints Medical Center, Fort Worth, TX, USA

- 17 KBY-HD 'li HCV hastası, %76 → GT1a, %47→ siroz
- Tedavi→ 12 hafta sofosbuvir 400 mg + simeprevir 150 mg
- SONUÇ:
- KVY12→ %100
- Yan etkiler KBY olmayanlarla aynı

and worsening anaemia requiring blood transfusion (n = 1). All 17 patients reached post-treatment week-12 follow-up, and achieved SVR12 or virological cure (100% SVR12). *Conclusions:* Daily, full dose of sofosbuvir plus simeprevir for 12 weeks of therapy appears to be well tolerated in patients with ESRD on HD or GFR <30 ml/min. Most common AEs resembled those of healthier CHC patients without significant renal impairment. The cure rates obtained in this cohort treated with sofosbuvir and simeprevir are dramatically superior to any previous treatment regimen studied & published in this special patient population.

Virological response after 6 week triple-drug regimens for hepatitis C: a proof-of-concept phase 2A cohort study

Anita Koh
Colleen K
Michael S
Jose Chav
Henry Ma

Summ
Backgro

	12 weeks of sofosbuvir and ledipasvir (n=20)		6 weeks of sofosbuvir, ledipasvir, and GS-9669 (n=20)		6 weeks of sofosbuvir, ledipasvir, and GS-9451 (n=20)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
During treatment						
Day 7	2	10% (1–31)	0	..	5	25% (9–49)
Week 2	6	30% (12–54)	6	30% (12–54)	9	45% (23–68)
Week 4	17	85% (62–97)	20	100% (83–100)	20	100% (83–100)
Week 6	..	..	20	100% (83–100)	20	100% (83–100)
Week 8	20	100% (83–100)	..	..	..	..
Week 12	20	100% (83–100)	..	..	..	..
After treatment						
Week 4	20	100% (83–100)	19	95% (75–100)	20	100% (83–100)
Week 12	20	100% (83–100)	19	95% (75–100)	19†	95% (75–100)

When no data are reported, data were not collected. *The limit of quantification for concentrations of hepatitis C virus RNA was 43 IU/mL. †One patient who achieved sustained viral response at 4 weeks was incarcerated into prison after this visit. Although records were available at 12 weeks after therapy, the *NIAID* institutional review board, including a prisoner representative, decided that data from subsequent timepoints could not be reported.

Table 2: **Proportion of patients with plasma hepatitis C virus RNA concentration lower than the quantification limit***

- 6
- S

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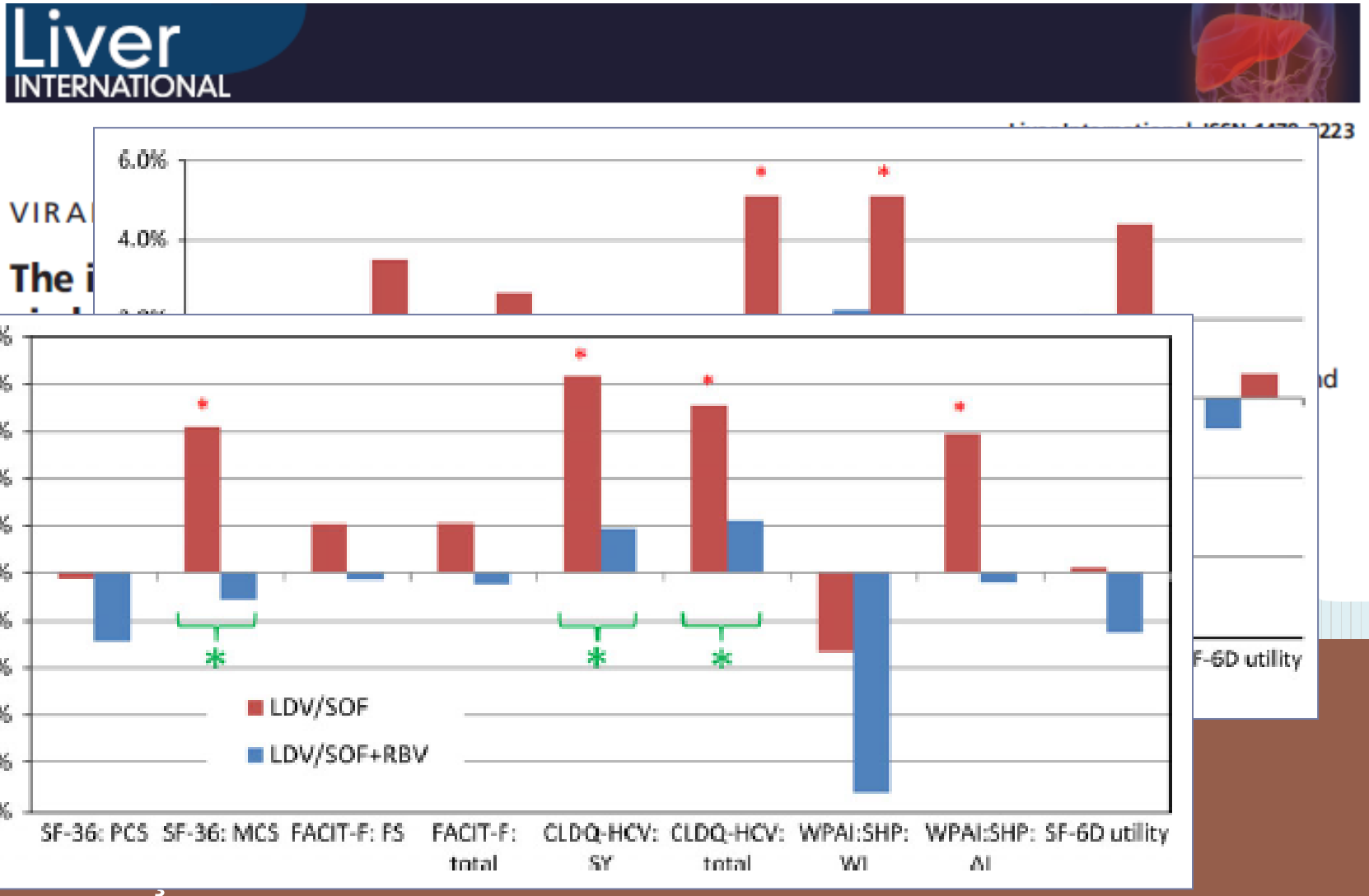
Direkt Etkili Antiviraller



- Sadece beş olguda relaps
- KVY12/24→ %97
- Ciddi yan etki yok

Direkt Etkili Antiviraller

Liver
INTERNATIONAL

N 1478-3223

ORIGINAL ARTI

The combinat
patients who

Alessandra Mangia[1],
and Maria Maddalen

1 Liver Unit, IRCCS 'Casa S
2 Biostatic Unit, IRCCS 'Cas

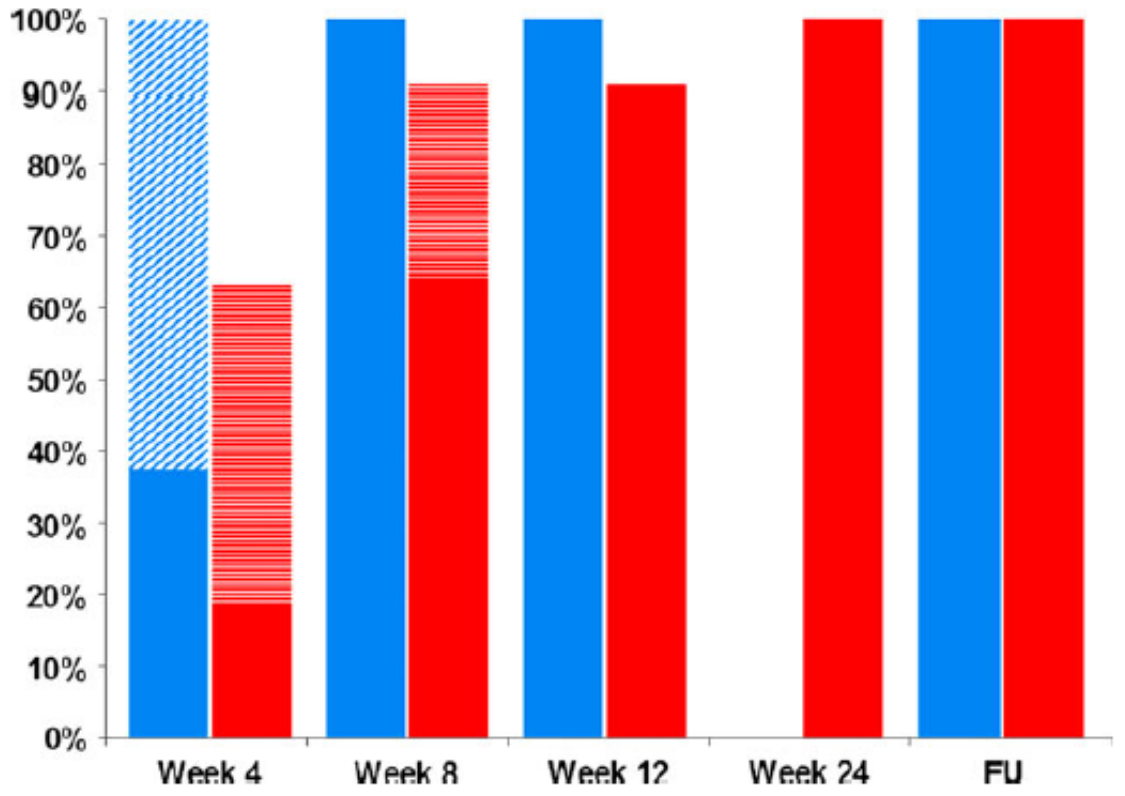


Fig. 2. Viral kinetic rates in patients who received 12 or 24 weeks of DCV/SOF. Plain coloured columns show HCV RNA undetectable and pattern coloured columns show HCV RNA < LLQ. Blue colour is for non-cirrhotics and red colour is for cirrhotic patients.

- 106 GT-2 H
- %58 sirotik
- 12 (nonsirc
- SONUÇ:
- Minimal yan etkiler: başağrısı, bulantı, yorgunluk
- KVY12/24→ %100

Direkt Etkili Antiviraller

Gastroenterology 2015;149:1462–1470

	SOF-RBV for 16 wks (n = 196)	SOF-RBV for 24 wks (n = 199)	SOF-RBV+PEG-IFN for 12 wks (n =197)
SVR			
Overall, n (%)			
Wk 4	143 (73)	171 (86)	189 (96)
Wk 12 (SVR12)	141 (72)	170 (85)	183 (93)
95% CI	65–78	80–90	88–96
By subgroups, n/N (%)			
Genotype 2	13/15 (87)	17/17 (100)	15/16 (94)
Genotype 3			
Overall	128/181 (71)	153/182 (84)	168/181 (93)
By treatment history, n/N (%)			
Naïve	70/91 (77)	83/94 (88)	89/94 (95)
Experienced	58/90 (64)	70/88 (80)	79/87 (91)
By cirrhosis status, n/N (%)			
No	99/124 (80)	109/126 (87)	117/123 (95)
Yes	29/57 (51)	44/56 (79)	51/58 (88)
By cirrhosis status and treatment history, n/N (%)			
Naïve non-cirrhotic	58/70 (83)	65/72 (90)	68/71 (96)
Naïve cirrhotic	12/21 (57)	18/22 (82)	21/23 (91)
Experienced non-cirrhotic	41/54 (76)	44/54 (81)	49/52 (94)
Experienced cirrhotic	17/36 (47)	26/34 (76)	30/35 (86)
Virologic failure,[a] n/N (%)			
Overall	52 (27)	27 (14)	9 (5)
Breakthrough	0	2 (1)[b]	0
Nonresponse	0	1 (<1)[c]	0
Relapse	52/195 (27)	24/195 (12)	9/195 (5)
Genotype 2	2/15 (13)	0/17	0/16
Genotype 3	50/180 (28)	24/178 (14)	9/179 (5)

CLINICAL LIVER

- 8[illegible]
- Yarısı tedavi deneyimli, 1/3'ü sirotik
- Tedavi: 12 hafta SOF+PR,16 ve 24 hafta SOF/RBV

Ledipasvir and sofosbuvir for hepatitis C genotype 4: a proof-of-concept, single-centre, open-label phase 2a cohort study

Anita Kohli, K
Kate Sugarm

Summary
Backgroun
hepatitis C
of ledipasv

fect Dis 2015;
)-54
d Online

	12 weeks of sofosbuvir plus ledipasvir
Treatment	
Week 4	20 (95%, 76–100)
Week 8	20 (95%, 76–100)
Week 12	20 (95%, 76–100)
Post-treatment (n=21) (%, [95% CI])	
Week 12	20 (95%, 76–100)

Data are n (%, 95% CI). The limit of HCV RNA quantification was 43 IU/mL.

Table 2: **Patients with hepatitis C virus RNA concentrations less than the limit of quantification**

- 2 … mli
- 1 … g)
- S …
- KVY12→ %100
- Minimal yan etkiler: Diyare, bulantı, yorgunluk

Research Article

CrossMark

EASL JOURNAL OF HEPATOLOGY

Sofosbuvir plus ribavirin for the treatment of chronic genotype 4 hepatitis C virus infection in patients of Egyptian ancestry

Table 4. SVR12 rates by treatment experience and subgroups.

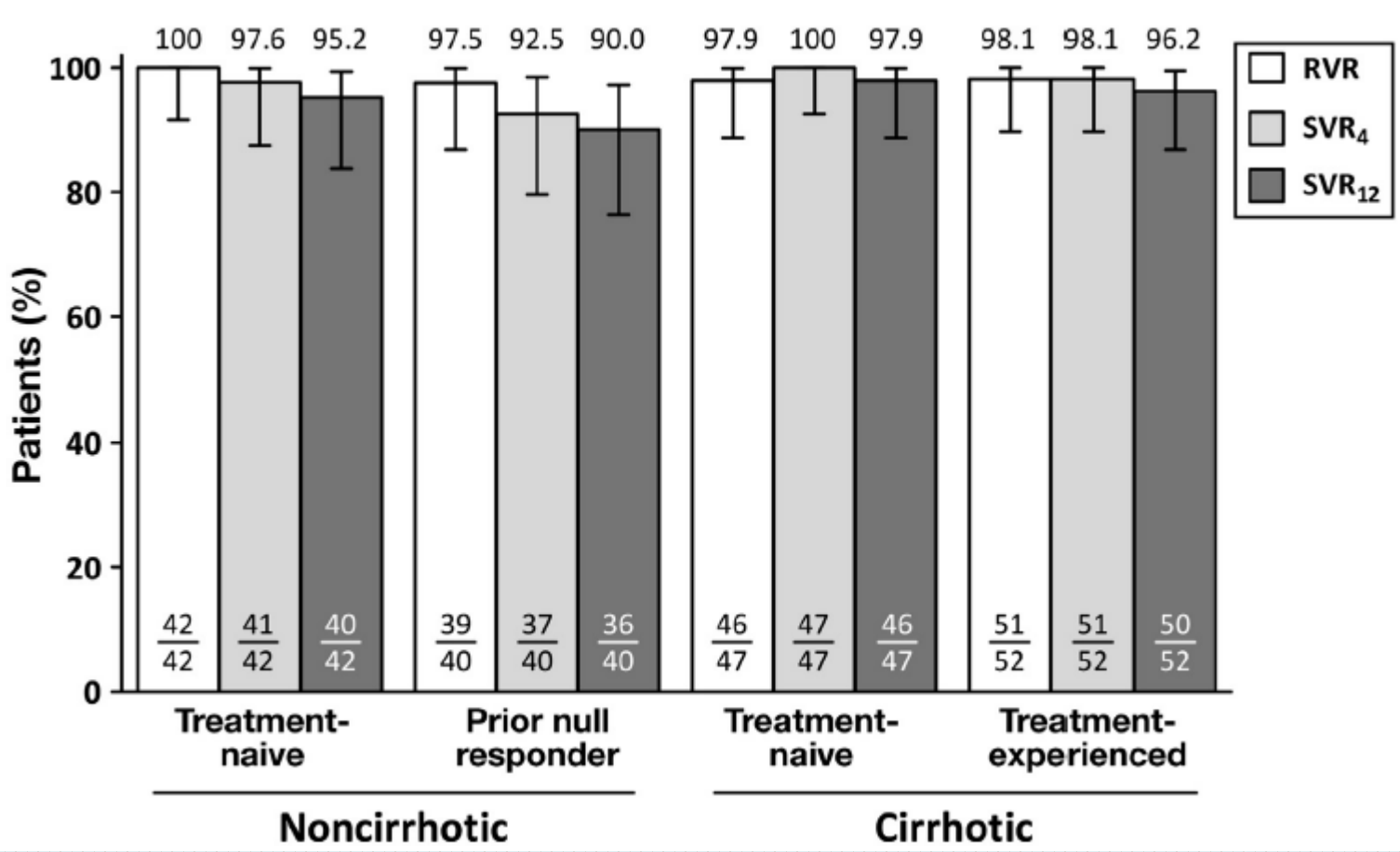
Patients, n/N (%; 95% CI)	Treatment naïve		Treatment experienced	
	SOF + RBV 12 week	SOF + RBV 24 week	SOF + RBV 12 week	SOF + RBV 24 week
Overall	11/14 (79)	14/14 (100)	10/17 (59)	13/15 (87)
Age				
<65 yr	10/13 (77%; 46-95)	9/9 (100%; 66-100)	9/14 (64%; 35-87)	11/11 (100%; 72-100)
≥65 yr	1/1 (100%; 3-100)	5/5 (100%; 48-100)	1/3 (33%; 1-91)	2/4 (50%; 7-93)
Sex				
Men	6/8 (75%; 35-97)	5/5 (100%; 48-100)	7/14 (50%; 23-77)	12/14 (86%; 57-98)
Women	5/6 (83%; 36-100)	9/9 (100%; 66-100)	3/3 (100%; 29-100)	1/1 (100%; 3-100)
BMI				
<30 kg/m²	7/9 (78%; 40-97)	7/7 (100%; 59-100)	8/14 (57%; 29-82)	8/10 (80%; 44-97)
≥30 kg/m²	4/5 (80%; 28-99)	7/7 (100%; 59-100)	2/3 (67%; 9-99)	5/5 (100%; 48-100)
Baseline HCV RNA				
<800,000 IU/ml	6/7 (86%; 42-100)	8/8 (100%; 63-100)	4/4 (100%; 40-100)	6/7 (86%; 42-100)
≥800,000 IU/ml	5/7 (71%; 29-96)	6/6 (100%; 54-100)	6/13 (46%; 19-75)	7/8 (88%; 47-100)
Cirrhosis status				
Yes	1/3 (33%; 1-91)	3/3 (100%; 29-100)	2/4 (50%; 7-93)	4/4 (100%; 40-100)
No	10/11 (91%; 59-100)	11/11 (100%; 72-100)	8/13 (62%; 32-86)	9/11 (82%; 48-98)
HCV genotype				
4a	10/12 (83%; 52-98)	8/8 (100%; 63-100)	9/16 (56%; 30-80)	12/12 (100%; 74-100)
Other (4l, 4m, 4n, 4o)	1/2 (50%; 1-99)	6/6 (100%; 54-100)	1/1 (100%; 3-100)	1/3 (33%; 1-91)
IL28B genotype				
CC	3/3 (100%; 29-100)	6/6 (100%; 54-100)	1/1 (100%; 3-100)	0
Non-CC	8/11 (73%; 39-94)	8/8 (100%; 63-100)	9/16 (56%;30-80)	13/15 (87%; 60-98)

CI, confidence interval; GT, genotype; HCV, hepatitis C virus; RBV, ribavirin; SOF, sofosbuvir.

Direkt Etkili Antiviraller

Gastroenterology 2015;149:971–980

Efficacy and Safety of Ombitasvir, Paritaprevir, and Ritonavir in an Open-Label Study of Patients With Genotype 1b Chronic Hepatitis C Virus Infection With and Without Cirrhosis



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Direkt Etkili Antiviraller

J Gastroenterol
DOI 10.1007/s00535-016-1162-8

The Japanese Society of Gastroenterology

ORIGINAL ARTICLE—LIVER, PANCREAS, AND BILIARY TRACT

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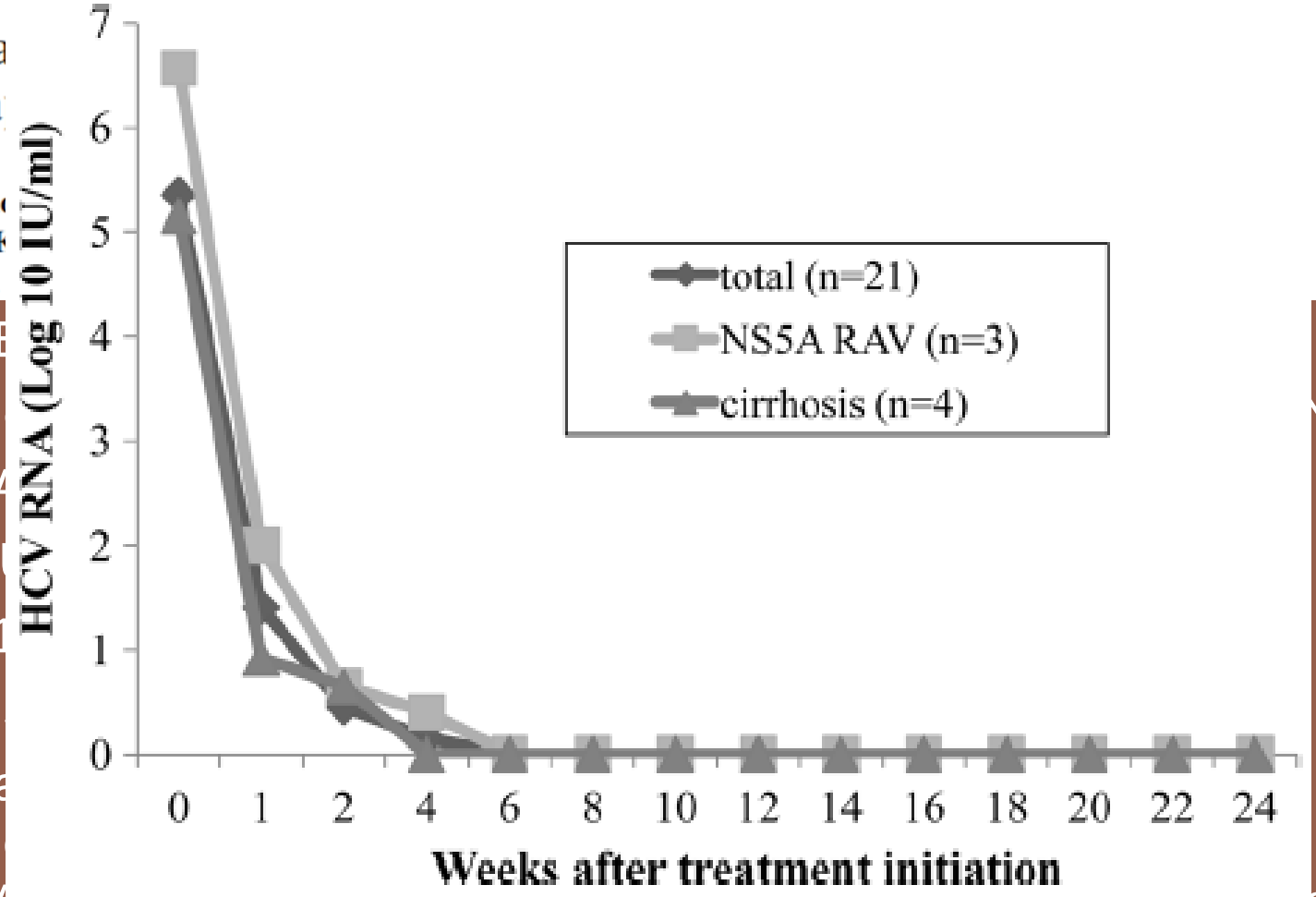
Goki Su
Tomoe K
Kazushi



- 34 KE
- Üç ol Y93H
- TEDA
- SON
- KVY1
- Tüm
- Bir ha ancak KVY

DAV + ASV tedavisi KBY ileri sirotik, yaşlı ve NS5A-RAVs + hastalarda da iyi tolere edilmiş ve etkin

Direkt Etkili Antiviraller

Liver INTERNATIONAL

N 1478-3223

Table 2. Virological response during and after treatment*

Patients with response, *n* (%)	DCV+ASV+ BCV-75 mg (*n* = 80)	DCV+ASV+ BCV-150 mg (*n* = 86)	DCV+ASV+ BCV-75 mg+ RBV (*n* = 21)
On treatment			
Week 4	80 (100)	82 (95.3)	21 (100)
Week 12†	75 (93.8)	78 (90.7)	17 (81.0)
Post-treatment sustained virological responses			
Week 4	73 (91.3)	77 (89.5)	18 (85.7)
Week 12	71 (88.8)‡	77 (89.5)§	18 (85.7)¶
On or after post-treatment week 12	72 (90.0)	78 (90.7)	19 (90.5)
Treatment failures	6 (7.5)	7 (8.1)	1 (4.8)
Viral breakthrough	2 (2.5)	3 (3.5)	1 (4.8)
Relapse	4 (5.0)	2 (2.3)	0
Other	0	2 (2.3)	0

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BID± RBV

Liver INTERNATIONAL

Liver International ISSN 1478-3223

VIRAL HEPATITIS

Interferon-free treatment of chronic hepatitis C with faldaprevir, deleobuvir and ribavirin: SOUND-C3, a Phase 2b study

Stefan Ze[illegible]6,
Jawahar T[illegible]nsa[8] on behalf of

1 J. W. Goet
2 University
3 Hospital U

- 32 GT[illegible]
- 16 ha[illegible]bavirin
- SONU[illegible]
- KVY [illegible]
- Dört s[illegible]
- Yan e[illegible]
- Minim[illegible]
- Tedav[illegible]

Table 1. Virological responses by HCV genotype subtype

Number of patients, *n* (%)	HCV GT-1a, *IL28B* CC (*N* = 12)	HCV GT-1b (*N* = 20)
EOT response	7 (58)	20 (100)
SVR4	4 (33)	20 (100)
SVR12	2 (17)	19 (95)
Reasons for not achieving SVR12, *n* (%)		
Not achieving SVR12	10 (83)	1 (5)
Lack of response*	1 (8)	0
Breakthrough	3 (25)	0
Relapse	4/7† (57)	0
Withdrawal or discontinuation for adverse event‡	2 (17)	1 (5)

Direkt Etkili Antiviraller

Clinical Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America · hivma hiv medicine association · OXFORD

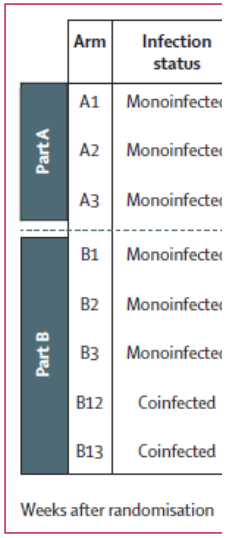
Grazoprevir, Elbasvir, and Ribavirin for Chronic Hepatitis C Virus Genotype 1 Infection After Failure of Pegylated Interferon and Ribavirin With an Earlier-Generation Protease Inhibitor: Final 24-Week Results From C-SALVAGE

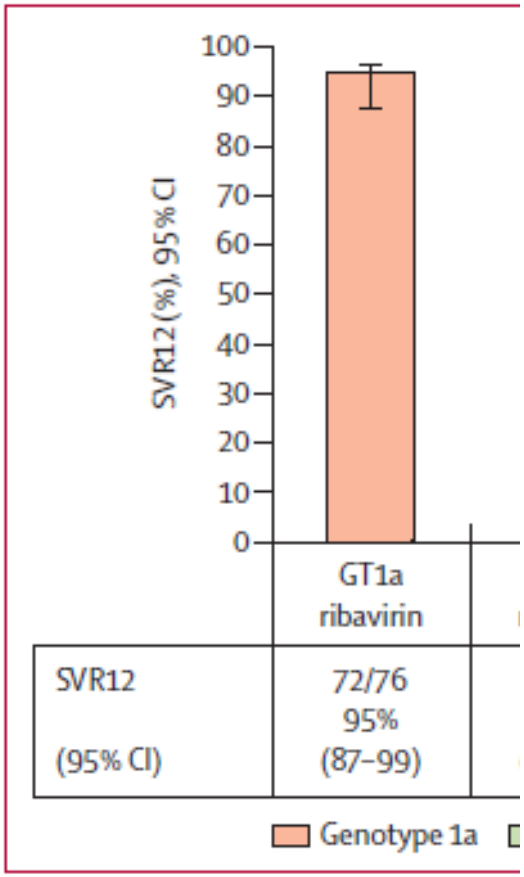
Maria Buti,[1] Stuart C. Gordon,[2] Eli Zuckerman,[3] Eric Lawitz,[4] Jose L. Calleja,[5] Harald Hofer,[6] Christopher Gilbert,[7] John Palcza,[7] Anita Y. M. Howe,[7] Mark J. DiNubile,[7] Michael N. Robertson,[7] Janice Wahl,[7] Eliav Barr,[7] and Xavier Forns[8]

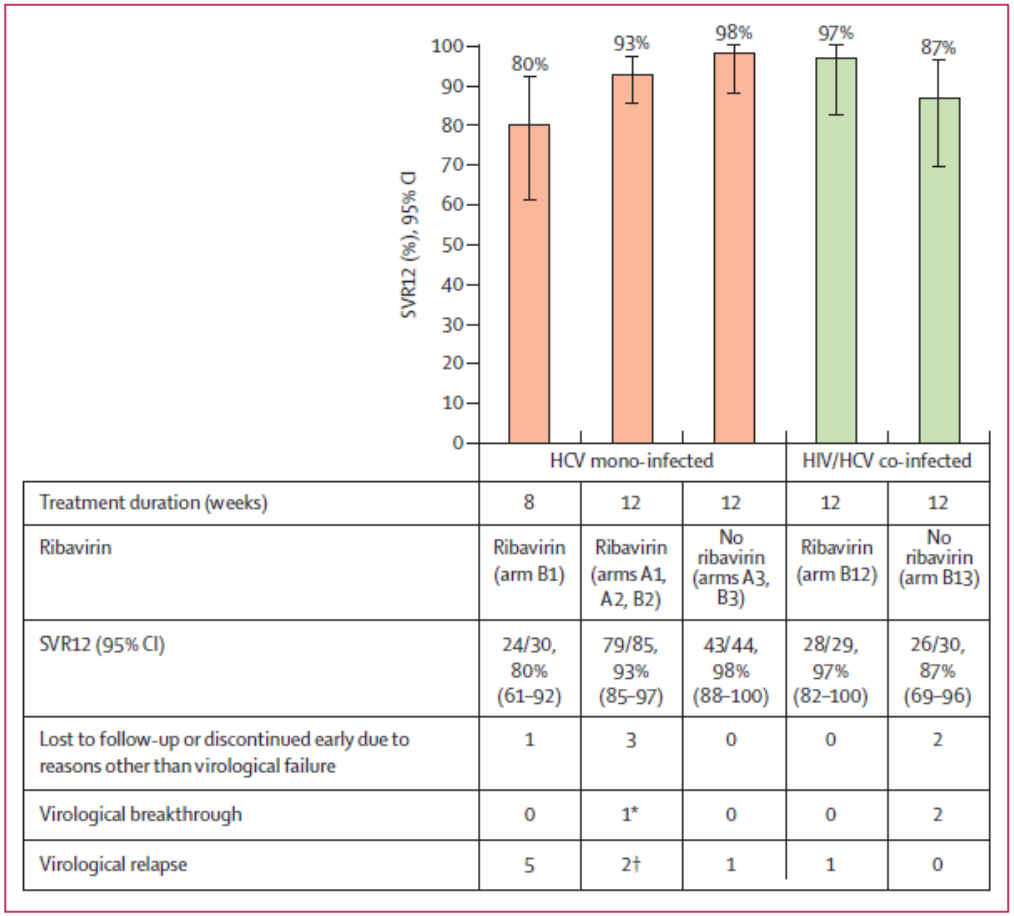
- 79 hasta, GT-1 HCV, üçlü tedavi deneyimli, sirotik veya nonsirotik
- 12 hafta grazoprevir 100 mg/gün + elbasvir 50 mg/gün +ribavirin
- SONUÇ:
- KVY24 → %96.2
- Tedavi öncesi NS5A RAVs + olan olgularda relaps gelişmiş
- Bir hasta tedavi dışı nedenlerle ilacı kesmiş
- Tedavi etkili ve iyi tolere edilmiş

Direkt Etkili Antiviraller

Efficacy and safety of 8 weeks versus 12 weeks of treatment with grazoprevir (MK-5172) and elbasvir (MK-8742) with or







Treatment duration (weeks)	8	12	12	12	12
Ribavirin	Ribavirin (arm B1)	Ribavirin (arms A1, A2, B2)	No ribavirin (arms A3, B3)	Ribavirin (arm B12)	No ribavirin (arm B13)
SVR12 (95% CI)	24/30, 80% (61–92)	79/85, 93% (85–97)	43/44, 98% (88–100)	28/29, 97% (82–100)	26/30, 87% (69–96)
Lost to follow-up or discontinued early due to reasons other than virological failure	1	3	0	0	2
Virological breakthrough	0	1*	0	0	2
Virological relapse	5	2†	1	1	0

- Faz-
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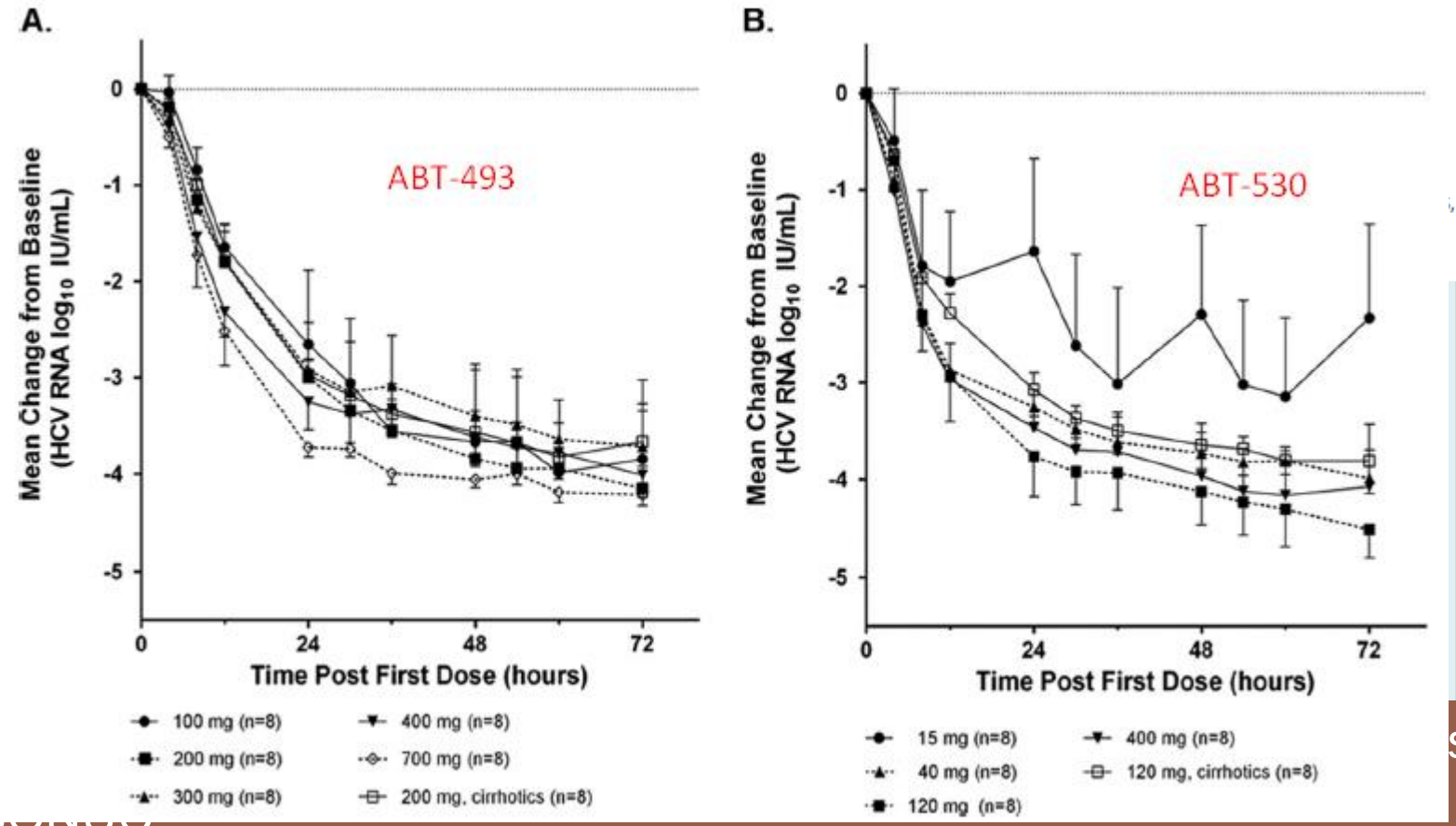
- Ribavirinli veya ribavirinsiz, monoinfek. (%93-96), koinf. (%97-97)
- Tüm gruplarda yan etkiler benzer oranlarda, hafif ve düşüktü

Yeni Tedavi Yaklaşımları

AMERICAN SOCIETY FOR MICROBIOLOGY | Antimicrobial Agents and Chemotherapy

Potent Antiviral Activities of the Direct-Acting Antivirals ABT-493 and ABT-530 with Three-Day Monotherapy for Hepatitis C Virus Gen

Eric J. La
Teresa I.
Texas Live
Kansas City



- 6 s
- SONUÇ:
- Her iki ilaç ta HCV RNA'yı hızlı ve güçlü bir şekilde baskılamakta

Yeni Tedavi Yaklaşımları

International Journal of Infectious Diseases 37 (2015) 58–63

Contents lists available at ScienceDirect

International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

The treatment of infectious disease with a medical device: results of a clinical trial of ultraviolet blood irradiation (UVBI) in patients with hep

J. Todd Kue

[a] Clinical Laboratorie
[b] West Virginia Scho
[c] Twin Rivers Gastro
[d] Franklin Lakes, Ne
[e] M Squared Associa
[f] AVIcure Bioscience

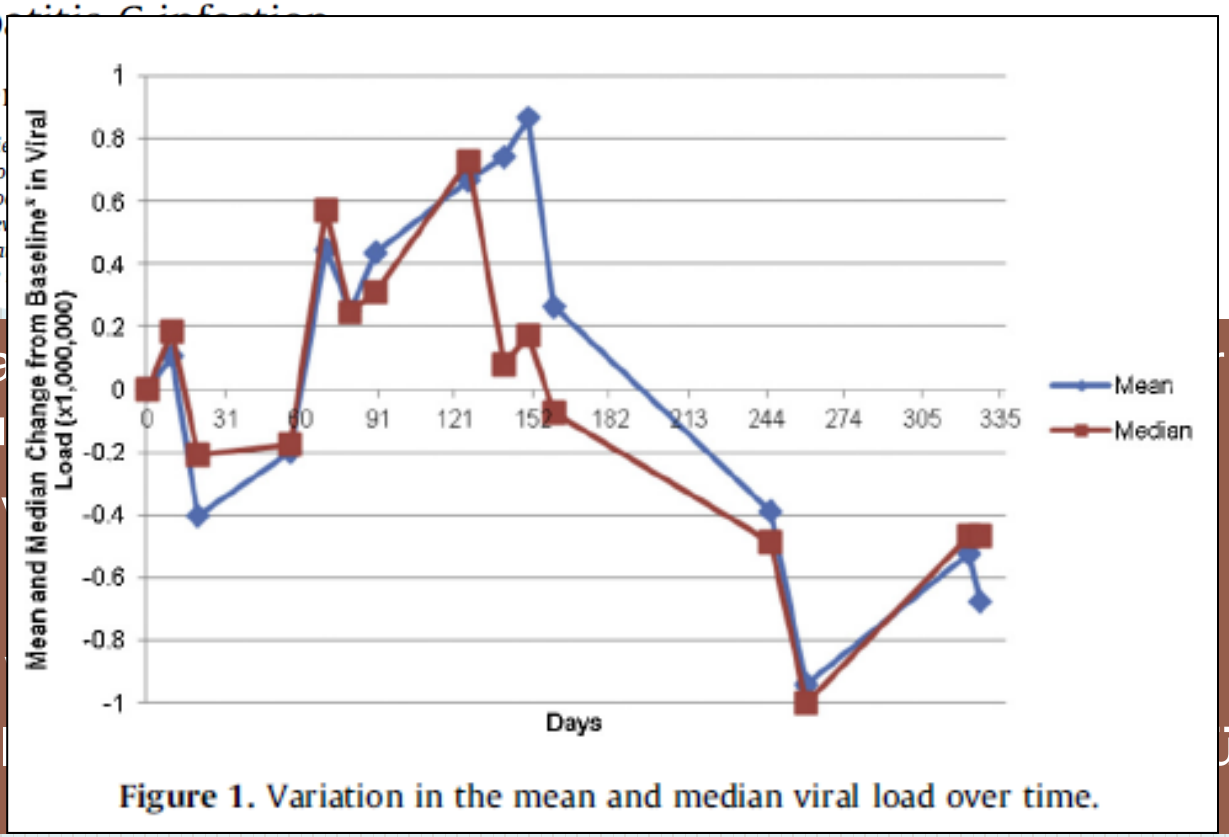


Figure 1. Variation in the mean and median viral load over time.

- 9 HCV ha … ‘ 15 UVBI tedavisi u…
- Viral yük …
- SONUÇ:
- 140. gün …
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Yeni Tedavi Yaklaşımları

European Journal of Medicinal Chemistry 101 (2015) 163–178

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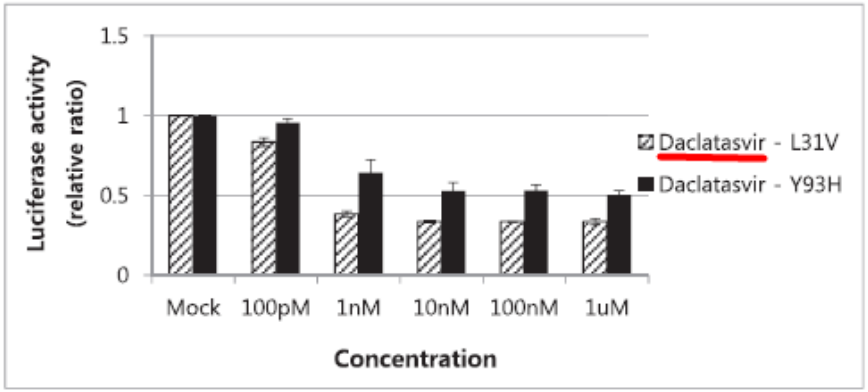

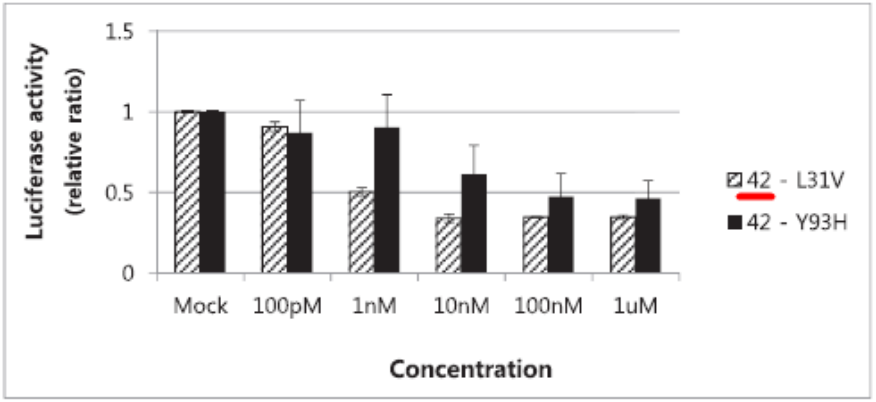

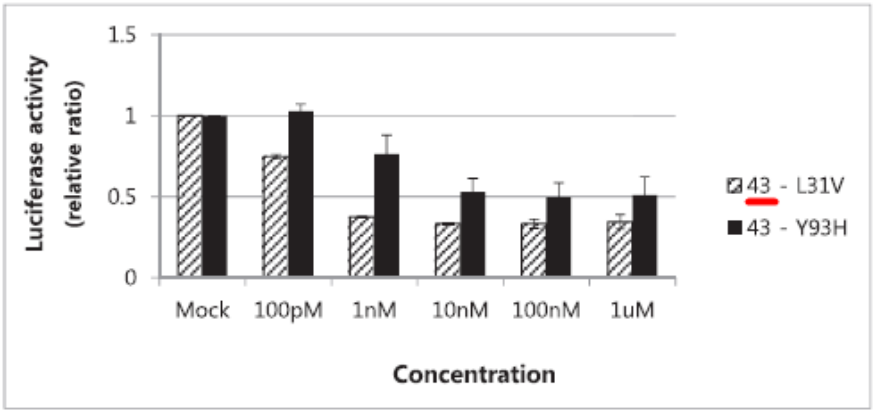

Fig. 4. Resistance profiles of inhibitors daclatasvir, **42**, and **43**. Measurements were carried out in triplicate.

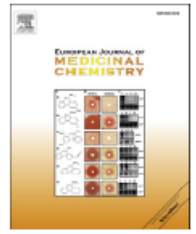

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Table 5
Results of hERG lig

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Ölçülmüş

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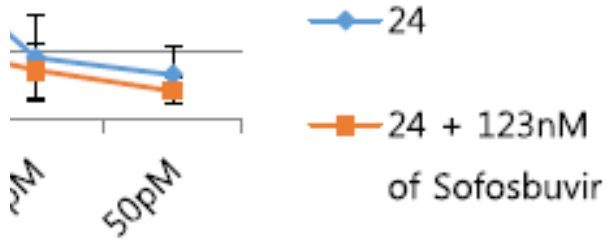

with EC_{30} of NS5B polymerase inhibitor
em. Measurements were carried out in

Research Article

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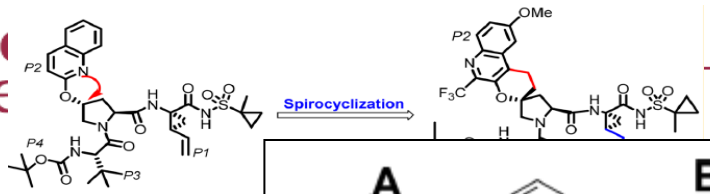
EASL | JOURNAL OF HEPATOLOGY

Soraphen A: A broad-spectrum antiviral natural product with potent anti-hepatitis C virus activity

Soraphen A (SorA) miksobakteriyal bir metabolit ve asetil-koenzim A karboksilazı inhibe eder.ek lipit sentezini inhibe eder. HIV ve HCV replikasyonunu inhibe ettiği gösterilmiş



Letter

pubs.acs.org/acsmedchemlett

ACS Editors' Choice

Article

pubs.acs.org/jmc

Discovery, Optir

Chlorcyclizine D

C Virus

Bir antihistaminik

cre içine girişini engeller. I

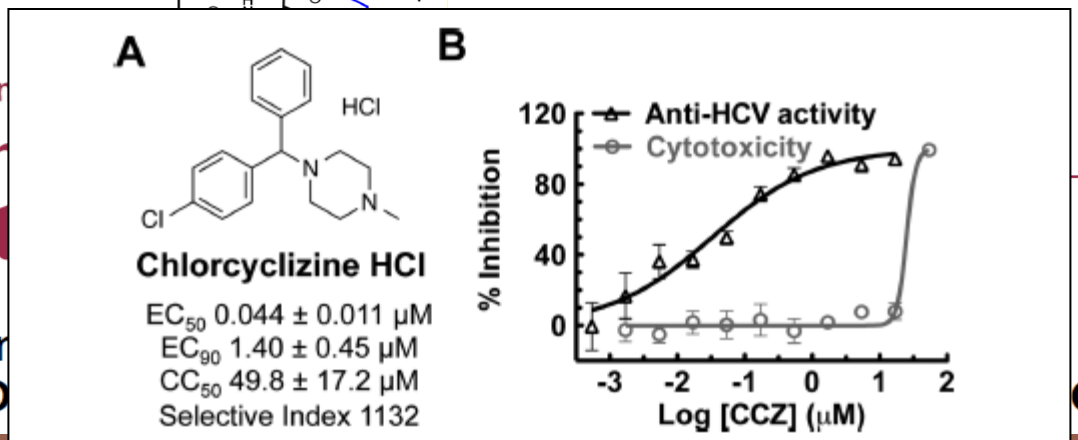


Figure 1. Chlorcyclizine HCl identified from qHTS. (A) Chemical structure of chlorcyclizine HCl (CCZ, Rac-2). (B) Anti-HCV activity and selectivity of chlorcyclizine HCl.

Yeni Tedavi Yaklaşımları

European Journal of Medicinal Chemistry 93 (2015) 51–54

Contents lists available at ScienceDirect

European Journal of Medicinal Chemistry

journal homepage: http://www.elsevier.com/locate/ejmech

Short communication

Synthesis and biological evaluation of α-aryl-α-tetralone derivatives as hepatitis C virus inhibitors

Dinesh Manvar [a], Talita de A. Fernandes [b], Jorge L.O. Domingos [c],

Antiviral Research 118 (2015) 93–102

- Sorafenib hepatosellüler kanser tedavisinde kullanılan ve antitümör aktivitesi olan bir multikinaz inhibitörüdür.
- Farklı mekanizmalarla anti-HCV etkinliği de bilinmektedir
- HCV'nin hücre içine girişini engellediği gösterilmiştir
- Claudin-1 ekspresyonunu da değiştirerek anti-HCV etki göstermiştir

Laure Izquierdo [a], Carole Fournier [a], Thomas W. Hoffmann [a], Sandrine Castelain [a], Gilles Duverlie [a], Antoine Galmiche [b], Catherine François [a,*]

Yan etki Çalışmaları

Clinical Infectious Diseases Advance Access published November 26, 2015

Drug	Affected patients (n; %)	SOF/RBV	SOF/SMV	SOF/DCV	SOF/LDV	OBV/PTV/r+DSV	OBV/PTV/r
pantoprazole	49 (18.8%)	none	none	none	no concomitant intake / decrease PPI dose	monitor/ increase dose of PPI	monitor/ increase dose of PPI
levothyroxine	43 (16.5%)	none	none	monitor TSH	none	monitor TSH	monitor TSH
propanolol	21 (8.0%)	none	none	none	none	may increase/monitor	may increase/monitor
bisoprolol	20 (7.7%)	none	none	none	none	monitor and decrease dose	monitor and decrease dose
amlodipine	17 (6.5%)	none	monitor heart rate /BP	increase of DCV/monitor	monitor heart rate /BP	monitor/decrease amlodipine 50%	monitor/decrease amlodipine 50%
torasmide	17 (6.5%)	none	none	none	none	monitor/decrease dose	monitor/decrease dose
carvedilol	14 (5.4%)	monitor	monitor	monitor	monitor	monitor	monitor
omeprazole	12 (4.6%)	none	none	none	no concomitant intake / decrease dose	monitor/ increase dose of PPI	monitor/ increase dose of PPI
Prednisolone	7 (2.7%)	none	monitor	none	none	monitor	monitor
lercanidipine	6 (2.3%)	none	monitor heart rate /BP	none	none	contraindication / switch to low dose of amlodipine	contraindication / switch to low dose of amlodipine
simvastatin	6 (2.3%)	none	lowest dose/monitor lipids and CK	lowest dose/monitor lipids and CK	lowest dose/monitor lipids and CK	contraindication / switch to low dose pravastatin or rosuvastatin	contraindication / switch to low dose pravastatin or rosuvastatin
tamsulosin	6 (2.3%)	none	none	none	none	avoid concomittant use	avoid concomittant use
ursodeoxycholic acid	6 (2.3%)	monitor for DAA side effects	monitor for DAA side effects	monitor for DAA side effects	monitor for DAA side effects	none	none
zopiclone	5 (1.9%)	none	reduced elimination / consider dose reduction	reduced elimination / consider dose reduction	none	increase, lowest dose possible	increase, lowest dose possible
buprenorphine	4 (1.5%)	none	none	none	increase, monitor for side effects of buprenorphine/ dose reduction	monitor for side effects of buprenorphine/ dose reduction	monitor for side effects of buprenorphine/ dose reduction
felodipine	3 (1.1%)	none	monitor heart rate /BP	monitor heart rate /BP	monitor heart rate /BP	monitor heart rate /BP, avoid concomitant use	monitor heart rate /BP, avoid concomitant use
phenprocoumon	3 (1.1%)	monitor INR	monitor INR	monitor INR	monitor INR	monitor INR	monitor INR
verapamil	3 (1.1%)	none	monitor	monitor	none	start with lowest dose	start with lowest dose
esomeprazole	2 (0.8%)	none	none	none	no concomitant intake / decrease dose	monitor/ increase dose of PPI	monitor/ increase dose of PPI
olmesartan	2 (0.8%)	none	none	monitor heart rate /BP	none	monitor/ decrease dose	monitor/ decrease dose

Eşlik Eden Hastalık İlişkili Çalışmalar

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YDLD-3036; No. of Pages 8

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AP&T Alimentary Pharmacology and Therapeutics

Intern Emerg Med
DOI 10.1007/s11739-015-1349-7

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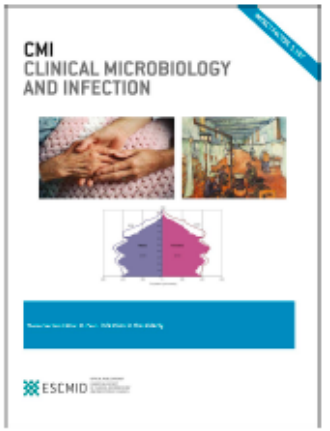
Accepted Manuscript



Rapid Decline of Fasting Glucose in HCV Diabetic Patients Treated with Direct Acting Antiviral Agents

P. Pavone, T. Tieghi, G. d'Ettorre, M. Lichtner, R. Marocco, I. Mezzaroma, G. Passavanti, P. Vittozzi, C.M. Mastroianni, V. Vullo

PII: S1198-743X(16)00030-6

DOI: 10.1016/j.cmi.2015.12.030

Reference: CMI 507

To appear in: *Clinical Microbiology and Infection*

Eşlik Eden Hastalık İlişkili Çalışmalar

Liver INTERNATIONAL

VIRAL HEPATITS

- Miks kriyoglobülinemi dolaşımdaki artmış imı
  karakterize HCV ile ilişkili lenfoproliferatif bir
- Miks kriyoglobülinemili 46 HCV hastası
- Anti-CD20 monoklonal antikoru= rituximab te
  - İlk doz: 1gr. İV infüzyon
  - İkinci doz: 15 gün sonra 1gr. İV infüzyon
- Serum serbest hafif zincirler (FLC-j, FCL-k, F
- SONUÇ:
- Tam klinik yanıt→ %41.6
- Tedaviyle FLC-J ve RF değerleri düşmüş
- Tedavi öncesi FLC oranı tedavi yanıtını öngö