

Glecaprevir and pibrentasvir aid HCV-positive kidney transplants

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involving HCV D+/R? patients. Participants received one dose of G/P before organ perfusion and once-daily treatment for four weeks. Ten kidney transplants were performed. The researchers found no recipient deaths during a median 12 months of follow-up. After day 7, HCV RNA was undetectable in all recipients. At any time point, none of the recipients had grade 3 or higher treatment-related adverse events or aminotransferase or bilirubin levels 2.5 times the upper limit of normal or greater.

"In all 10 HCV D+/R? kidney transplants, four-week G/P prophylaxis prevented HCV without treatment-related adverse events or substantial liver enzyme abnormalities," the authors write.

Several authors from both studies disclosed ties to the pharmaceutical industry.

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(HealthDay)—By treating or preventing infection, glecaprevir and pibrentasvir (G/P) regimens are promising for increasing access to the transplantation of kidneys from hepatitis C virus (HCV)-positive donors to HCV-negative recipients (HCV D+/R?), according to two studies recently published in the *Journal of the American Society of Nephrology* and *Annals of Internal Medicine*.

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Meghan E. Sise, M.D., from Massachusetts General Hospital in Boston, and colleagues enrolled 63 patients without HCV infection of whom 30 underwent [kidney transplantation](#) from an HCV-viremic deceased donor followed by eight weeks of once-daily G/P. The researchers found that all recipients achieved a sustained virologic response. There were no [serious adverse events](#) deemed likely to be related to HCV infection or treatment with G/P.

Christine M. Durand, M.D., from Johns Hopkins School of Medicine in Baltimore, and colleagues conducted a single-center, open-label trial

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