every month during and after therapy. Each episodes of decompensation was recorded.
**Results:** Between April 2015 and June 2016, 41 patientswith decompensated HCV-related LC with median baseline CTP score of 9 (range 7 to 13), CTP B/C (23/18), median MELD score of 14 (range 8 to 35), median liver stiffness median 40.7 kpa (range 17 to 75). Twenty (20), 12 and 9 patients were having MELD of <15, 15–20 and >20 respectively. Thirty five patient (87.5%) had genotype 3, four (9.7%) had genotype 1 and one (1.4%) each had genotype 2 and 4 infections. 37 patients were treatment naïve while 4 patients were treatment experienced (PEG-IFN-RBV failures). Between April 2015 and January 2016, SOF was used with ribavirin (RBV) for 24 weeks (n = 13). After January 2016, SOF-daclatasvir for 24 weeks (n = 16), SOF-DCV-RBV for 12/24 weeks (n = 7), SOF-ledipasvir for 12/24 weeks (n = 5). Thirty nine patients (95.1%) completed while 2 patients discontinued treatment due to worsening liver function. All patient achieved ETR response. 21 patient achieved SVR12 and SVR12 is awaited for rest of the patient, 70% (29/41) patient showed improvement of liver functions with improvement in MELD score by ≥2 points and CTP score≥2 points at treatment completion or at 3 month after completion of therapy. Four patient required hospitalisation for worsening ascites during therapy or follow up.
**Conclusions:** In decompensated cirrhosis sofosbuvir and daclatasvir/ledipasvir are safe and effective.

**FRI-223**

**New direct action antivirals containing regimes to treat patients with hepatitis C chronic infection: first results from a national real-world registry of the Brazilian Hepatology Society**

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**Background and Aims:** Hep C treatment with new DAAs shows SVR rates above 90%. However, there is still a paucity of data in Latin America. Brazil Ministry of Health started DAA distribution in 2015. We report first results of a large national Real-World registry on Hep C DAAs treatment in Brazil.
**Methods:** Brazilian Society of Hepatology Registry Program is a multicenter observational cohort initiated in July 2015 which aims to include 5,000 HCV patients treated with new DAAs. Primary objective was SVR12/SVR24. 2763 HCV patients are already registered and 1523 completed treatment and follow up to assess at least SVR12 (1162 genotype 1, 33 genotype 2, 316 genotype 3, 9 genotype 4 and 3 genotype 5,6).
**Results:** From 1523 patients, 60.3% were male, mean age 58.3 + 10.8 year, 47,3% were cirrhotic, 50.3% had a previous HCV treatment (20% with telaprevir or boceprevir), 7.9% were transplanted (80% liver), 3.3% were co-infected with HIV and/or HBV and 9.8% had decompensated cirrhosis. SVR12 for genotypes 5, 6 was 67% (2/3) and for the other genotypes is showed in Table 1 (ITT analysis).

Table 1:

| SVR | Gen 1 | Gen 2 | Gen 3 | Gen 4 |
|---|---|---|---|---|
| Global | 97% (1122/1162) | 88% (29/33) | 91% (288/316) | 89% (8/9) |
| Cirrhosis | 95% (508/533) | 82% (14/17) | 85% (144/169) | 100% (3/3) |

Table 2 showed the SVR12 rates for three main known regimen of DAA combination for treatment of HVC Gen 1 and 3 patients.

Table 2:

| SVR | SMV + SOF | DCV + SOF | SOF + PR |
|---|---|---|---|
| Gen 1 | 96% (410/428) | 97.5% (597/614) | 100% (12/12) |
| Gen 3 | – | 91% (254/280) | 94% (12/13) |

SMV = simeprevir , SOF = sofosbuvir, DCV = daclatasvir, PR = pegylated interferon plus ribavirin

SVR observed with other less commonly used treatment regimens in patients with HCV genotype 1 were: SOF + R 83% (5/6), SOF + ledispavir 96% (54/56) and Abbvie 3D 97%(45/46). No significant differences could be found in SVR according to ribavirin use or between treatment experienced and treatment naïve patients.
22 (1.4%) patients interrupted treatment prematurely for any reason and at least 5 of them achieved SVR. Four patients died and 8 developed signs of liver decompensation during treatment. 8.5% of patients had a serious adverse event (SAE) that resulted in treatment modification, mainly due to anemia associated with ribavirin use. HCC was diagnosed during or after treatment in 23 patients. Six of those had a previous HCC treatment (4 liver transplant, 1 ressection and 1 TACE).
**Conclusions:** Preliminary results of HCV new DAA regimes in this cohort of mostly compensated patients showed a high rate of SVR and excellent tolerability in Brazil.

**FRI-224**

**Ribavirin free versus Ribavirin containing therapy with all second generation direct acting antivirals for the treatment of hepatitis C virus genotype 1 infection; a pooled analysis of 4501 patients**

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**Background and Aims:** The addition of ribavirin (RBV) to second generation direct acting antivirals (DAAs) for the treatment of Hepatitis C virus (HCV) is still questionable. Hereby, we performed a meta-analysis of published randomized controlled trials (RCTs) to investigate whether the addition of RBV to the DAAs treatment regimens is beneficial for patients with HCV genotype 1 infection.