

Interferon-free, tailored Tx beneficial in HCV-associated MC

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(HealthDay)—Interferon-free direct-acting antiviral (DAA) therapy is

beneficial for hepatitis C virus (HCV)-associated mixed cryoglobulinemia (MC) vasculitis, according to a study published online Aug. 2 in *Hepatology*.

Laura Gragnani, Ph.D., from the University of Florence in Italy, and colleagues conducted a prospective evaluation of the efficacy and safety of sofosbuvir-based DAA therapy, individually tailored according to the latest guidelines. The evaluation was conducted in a cohort of 44 patients with HCV-associated MC.

The researchers found that MC had evolved into an indolent lymphoma with monoclonal B cell lymphocytosis in two patients. All patients had negative HCV viremia at weeks 12 and 24 post-treatment; all had [clinical response](#) of vasculitis at this point. There were significant decreases in the mean Birmingham Vasculitis Activity Score from baseline through 24 weeks; significant decreases were also seen in the mean cryocrit value. Partial clinical response of vasculitis and about a 50 percent decrease of cryocrit were seen in the two patients with MC and lymphoma, although none experienced a significant decrease in monoclonal B cell lymphocytosis. Fifty-nine percent of patients had adverse events, although they were generally mild.

"Interferon-free, guideline-tailored [therapy](#) with DAA is highly effective and safe for HCV-associated MC patients," the authors write. "The overall 100 percent rate of clinical response of vasculitis, on an intention-to-treat basis, opens the perspective for curing the large majority of these so far difficult-to-treat [patients](#)."

More information: [Abstract](#)
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