The failure rate, by baseline fibrosis stage, is reported in Figure 1.

**RESULTS**

From January 2015 to June 2016, 3,326 patients consecutively underwent IFN-free DAA treatment and reached the 12-week post-treatment SVR12. Their median age was 60 years (range: 34-84 years) and 2,594 (66.1%) were male. Of these patients, 140 (3.6%) failed to achieve SVR [median age: 57 years (range: 34-80 years); 108 (77.1%) males; 59 (42.1%) IFN-experienced]. Among the 140 patients who did not achieve SVR, 4 (2.9%) were non-responders, and 3 (2.1%) were considered as breakthrough at the 8th week and 12th week of treatment. The remaining 133 patients (95%) had achieved HCV-RNA clearance at the end of treatment, and relapsed thereafter. The DAA regimens used overall in patients who experienced treatment failure, according to HCV genotype, are reported in Table 1.

**AIM**

- To evaluate the prevalence of treatment failure and its correlates (i.e., disease severity and specific DAA regimens) in a large real-life sample of patients, specifically those included in the PITeR Cohort Study (Italian Platform for the Study of Therapies for Viral Hepatitis). The clinical and economic burden of treatment failure, according to the severity of liver disease, were also estimated.

**METHODS**

The study was conducted among patients attending 23 clinical centers involved in PITeR. The study population consisted of consecutive patients for whom the 12-week post-treatment HCV RNA evaluation was performed from January 2015 to May 2016. Data were collected on the DAA regimen used, the HCV genotype, and the liver fibrosis stage. Detailed clinical data from patients who failed to reach SVR following the first DAA regimen and data on retreatment, were evaluated. Resource consumption was prospectively determined for each patient based on the clinical notes from the outpatient visit or hospital admission following the failure event.

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