FEASIBILITY AND EFFICACY OF DIRECT-ACTING ANTIVIRAL HEPATITIS C TREATMENT IN A LOW THRESHOLD SETTING

Oslo kommune
Velferdsetaten

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BACKGROUND AND AIMS

HCV infection among people who inject drugs (PWID) in Norway
- Approximately 40 % are chronically infected
- Access to treatment is limited
- Compliance remains a concern in the post interferon era with high costs of new DAAs

The HCV Clinic
- Street clinic within the City of Oslo's harm reduction services
- Collaboration between the City of Oslo and Akershus University Hospital
- Provides testing, fibroscan and treatment

Aim
- Assess the feasibility and efficacy of treating HCV-infection in PWID with direct-acting antiviral (DAA)-based therapy

METHODS

HCV Clinic
- 1-2 nurses supported by a general practitioner and a specialist in infectious diseases
- Extensive use of outreach work
- Individually tailored treatment plans
- Administration of HCV medication through linking to other services or self-administration when considered feasible

Inclusions
- Consecutive patients receiving one dose of SOF and scheduled to end treatment within Sept 2015
- Elegibility for treatment: At least significant fibrosis assessed by transient elastography. Significant fibrosis defined as liver stiffness measure (LSM) >7 kPa, cirrhosis defined as LSM > 12,5 kPa

RESULTS

STUDY POPULATION (fig 1 and 2)
- 63 patients were included; 14 women, 49 men
  - 5 patients completed treatment but were lost to follow up for SVR4-tests
  - 2 patients interrupted treatment
- Cirrhosis in 38 % of patients
- Injecting drug use during treatment in 52 of 56 patients

RESPONSE TO TREATMENT (fig 3 and 4)
- 56 patients have had SVR4 tests done whereof 54 were HCV RNA negative
- 1 of 2 HCV RNA positive patients was RNA negative at tests done 1 year later

Fig1 Liver stiffness measured by fibroscan

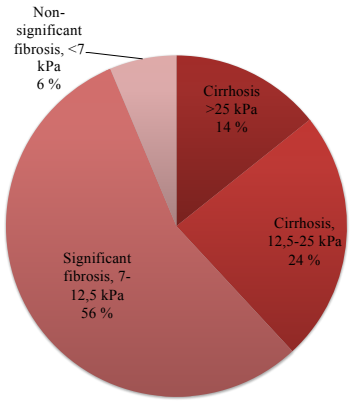


FIG2 Substance abuse and substitution therapy during HCV treatment

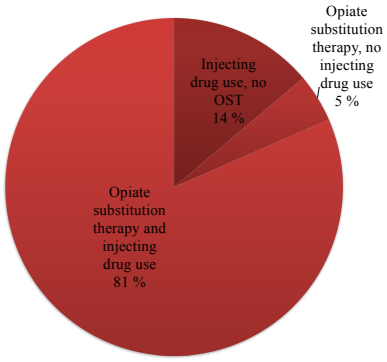


FIG3 SVR4 results

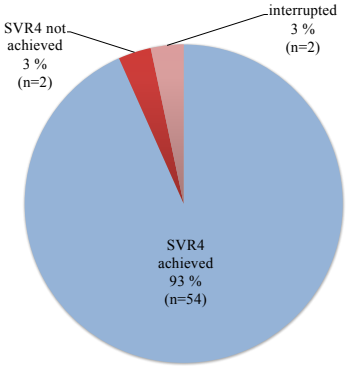
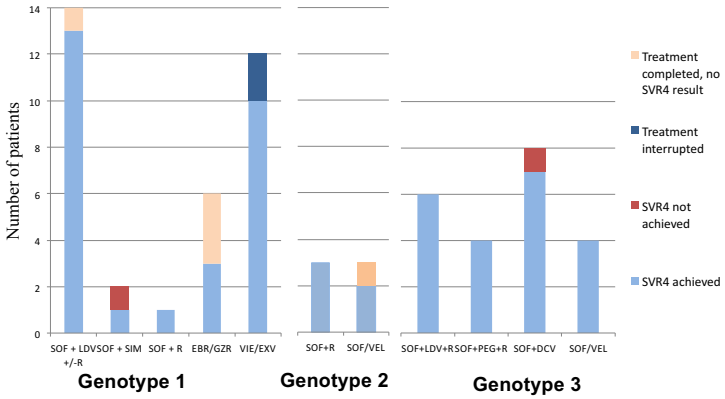


FIG4 SVR4 results by DAA regimen and genotype



DISCUSSION

Adherence remains a key issue in most patients, solved through
- Linking to existing services in the patients' surroundings
- Ambulant nurses who track patients that do not meet for medication.
- Patients tend to be harder to reach after completing treatment

2 patients did not achieve SVR4
#1: Male 42yrs, advanced cirrhosis. Good adherence.
#2: Female 48yrs, cirrhosis. RNA negative one year later.

CONCLUSION

Administration of DAA-based regimens when treating HCV infection in people who inject drugs is feasible and effective given flexible and close follow up during treatment.

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