

# DIRECT-ACTING ANTIVIRAL THERAPY IN PATIENTS WITH ADVANCED DISEASE: COMPARISON OF SVR RATES BETWEEN PEOPLE WHO INJECT DRUGS (PWID) AND NON-PWID



ARISTOTLE  
UNIVERSITY OF  
THESSALONIKI

Kranidioti H<sup>1</sup>, Goulis J<sup>2</sup>, Anagnostou O<sup>1,3</sup>, Tsirogianni E<sup>2</sup>, Deutsch M<sup>1</sup>, Kourikou A<sup>1</sup>, Protapapas A<sup>2</sup>, Manolakopoulos S<sup>1</sup>

<sup>1</sup>2nd Academic Department of Internal Medicine, Hippokratio General Hospital, Athens, Greece, <sup>2</sup>4<sup>th</sup> Academic Department of Internal Medicine, Hippokratio General Hospital, Thessaloniki, Greece <sup>3</sup>Organization Against Drugs (OKANA), Greece

## Introduction

- ❖ The majority of the pivotal phase II and III studies investigating treatment of chronic hepatitis C virus (HCV) infection with Direct Acting Antiviral (DAA) therapy have excluded PWID patients.
- ❖ The aim of our study was to evaluate the efficacy and safety of DAA therapy in real life comparing the data of PWID with patients without a history of drug use (non-PWID).

## Results

- ❖ We included 248 (169 males, mean age 55.9±12) consecutive patients; 80 (71males, mean age 50.3±7.9) were PWID of whom 49 on OST (methadone or buprenorphine).
- ❖ The genotype distribution is different between PWID and non-PWID (Table 1). More than half of the PWID are infected with GT3 (61%) and almost half of the non-PWID with GT1b (45%).
- ❖ Treatment naïve PWID were 50% vs 30% non-PWID.
- ❖ 68.7% of PWID were cirrhotic (7.5% decompensated) vs 66.6% of non-PWID (11.9% decompensated); the remaining patients had advanced fibrosis.
- ❖ One non-PWID patient died during treatment (due to liver failure) while 9 (3 PWID) died after treatment discontinuation after a mean follow-up of 15 ± 9 months (5 HCC, 1 OLT, 3 no liver related causes).
- ❖ SVR rate in PWID was 88.7% (92% in OST and 85,7% in non-OST patients) compared to 94,3% in the non-PWID (p=0,219). No major side effects were reported in both groups.

## Methods and Materials

- ❖ This is a retrospective analysis of prospectively collected data from all HCV patients who received all oral DAA therapy between April 2014 and March 2017.
- ❖ A multidisciplinary team was responsible for the treatment of PWIDs, whether they attended an opiate substitution treatment (OST) program or not
- ❖ The treatment decision and timing was based on national guidelines and reimbursement restrictions.

## Conclusions

Our real life data clearly showed that:

- ❖ SVR rates with DAAs were similar between PWID and non-PWID.
- ❖ Genotype distribution is different between PWID and non-PWID
- ❖ DAA therapy in PWID is feasible, safe and effective

Table 1. Characteristics of PWID & advanced HCV related liver disease, who received DAA therapy

Patients' characteristics	Number of patients (%) (Total n=248)	
	PWID (n=80)	Non-PWID (n=168)
Gender, male	71 (88.8%)	98 (58%)
Age (mean ± SD, years)	50 ± 8	61 ± 12
Under opiate substitution therapy (Methadone or Buprenorphine)	49	-
Genotype		
1a	11 (14%)	29 (17%)
1b	4 (5%)	76 (45%)
2	3 (4%)	10 (6%)
3	49 (61%)	22 (13%)
4	13 (16%)	31 (19%)
Treatment naïve	40 (50%)	50 (30%)
Cirrhosis	55 (68.7%)	112 (66.6%)
Decompensated cirrhosis	6 (7.5%)	20 (12%)

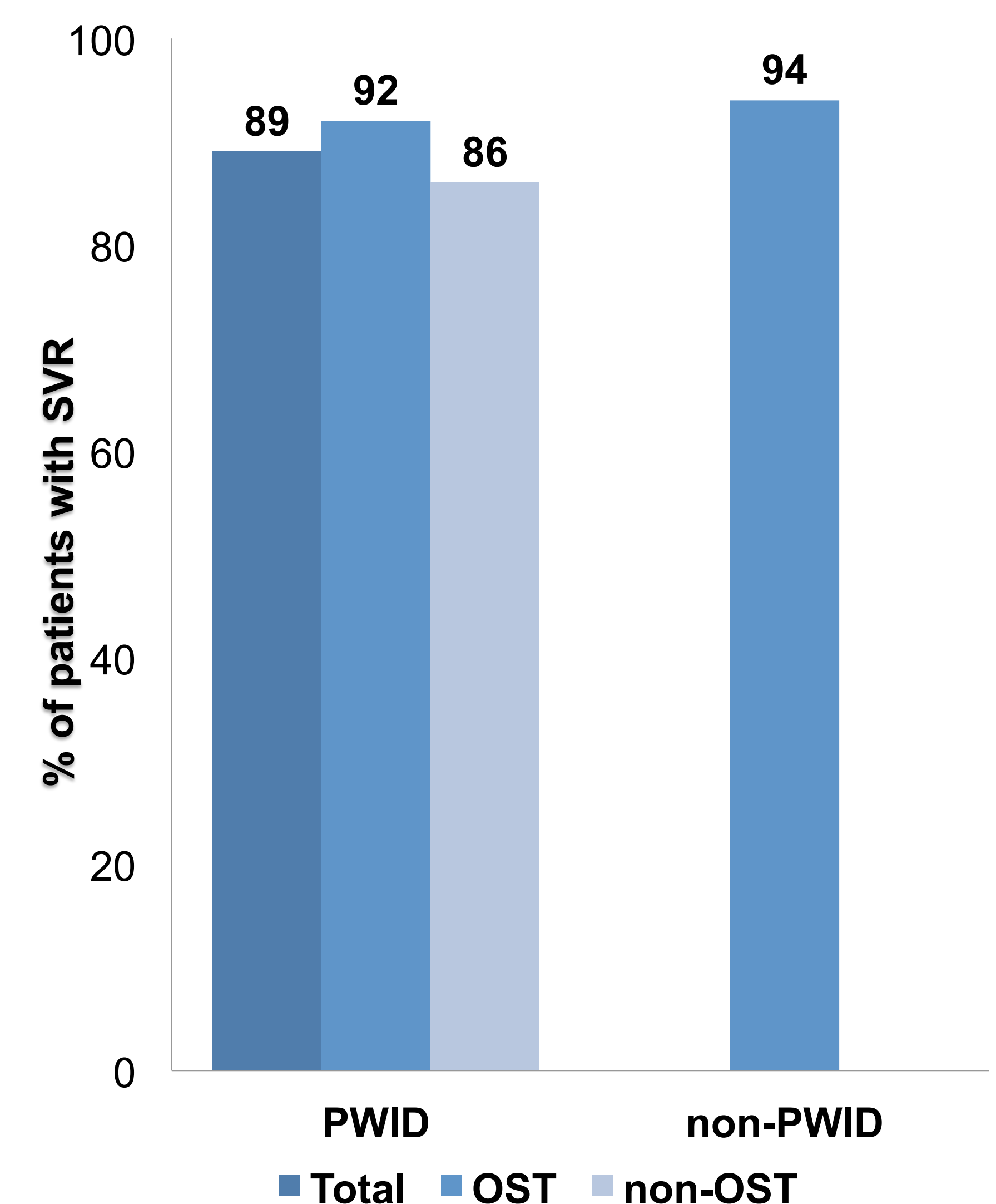


Figure 1. SVR rates in PWID & non-PWID with advanced liver disease, who received DAA therapy

- No major side effects of the DAA treatment &
- No treatment discontinuation