

ALL-ORAL ANTI-HCV THERAPY IN INJECTION DRUG USERS: UPDATED REAL WORLD DATA

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Introduction: With access to highly effective, well tolerated all-oral regimens for HCV infection, increasing access to treatment for people who use drugs (PWUD) becomes more feasible, especially if it can be provided within the context of multidisciplinary care. There is a need to confirm data generated from clinical trials conducted in this population in a real-world setting.

Methods: A retrospective analysis was performed on all HCV-infected patients (with current/recent drug use, as documented by urine drug screen) who were treated at the Vancouver Infectious Diseases Centre. All subjects were enrolled in a multidisciplinary program of care, addressing medical, psychological, social and addiction-related needs. The primary outcome of this analysis was achievement of SVR (undetectable HCV RNA 12 or more weeks after the completion of HCV therapy).

Results: Since March 2014, 185 individuals have initiated treatment with all-oral DAAs (99 treatment naïve, 32 cirrhotic, 20 HIV co-infected, 68% GT1, 17% GT3). All patients had a recent/current history of drug use (68% / 59% injected opiates/cocaine). Specific HCV treatment regimens (as clinically indicated) were: 87 including sofosbuvir (56 with ledipasvir, 18 with ribavirin) and 49 with the PrOD regimen. Overall, 66 patients received ribavirin. To date, 145 patients have achieved sufficient follow-up to ascertain SVR. There was one death, unrelated to HCV or its treatment. There were six cases of virologic failure, all post-treatment relapses, and no cases of recurrent viremia. The overall SVR rate was 95.8%. There was no effect of specific treatment regimen on SVR rate.

Conclusion: Within a multidisciplinary model of care, the treatment of HCV-infected PWUD with all-oral regimens is safe and highly effective. The use of multi-tablet regimens and/or ribavirin did not affect treatment outcome in our analysis. These data support the feasibility of designating PWUD as a priority population to receive HCV treatment in a real-world setting.

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