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

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Background:

The majority of the 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).

Methods:

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.

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 (PWID vs non-PWID) was: GT1a 13.8% vs 17.3%, GT1b 5% vs 45.2%, GT2 3.8% vs 6%, GT3 61.3% vs 13.1% and GT4 16.3% vs 18.8%. Treatment naive 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 (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.

Conclusions: Our real life data clearly showed that SVR rates with DAAs were similar between PWID and non-PWID. Therefore DAA therapy in PWID is feasible, safe and effective.