

SVR₁₂ OUTCOMES IN CHRONIC HCV INFECTED PWID WHO ARE NON-COMPLIANT WITH RECOMMENDED TREATMENT REGIMENS

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Background: Direct Acting Antivirals (DAA) are the standard for Hepatitis C (HCV) treatment and are efficacious in people who inject drugs (PWID), if taken for the recommended duration. However, sustained viral response (SVR₁₂) may still be achieved in cases where participants are non-compliant with the recommended regimen. ADVANCE HCV is an ongoing randomised clinical trial of DAA HCV treatment in PWID attending an injecting equipment provision site in Tayside, Scotland. Data presented shows efficacy of shortened HCV treatment in ADVANCE HCV.

Methods: ADVANCE HCV participants are randomised to one of three treatment pathways and stratified by gender and genotype (GT1 or GT3).

1. Directly Observed Therapy
2. Fortnightly dispensed
3. Fortnightly dispensed with a one off, psychological intervention to promote treatment adherence

GT1 participants are treated with 12 weeks of elbasvir/grazoprevir and GT3 with 8 weeks of elbasvir/grazoprevir plus sofosbuvir. If a participant misses 7 consecutive doses after commencing treatment, therapy is stopped. Those with shortened treatment were followed up to SVR₁₂.

Results: 77 participants initiated treatment, 12 had shortened regimens due to non-compliance and were followed up to SVR₁₂. 8 (66%) of these participants are male, 8 (66%) GT3 and 8 (66%) fortnightly dispensed treatment. Consistent with the overall trial population.

GT1 shortened therapy; <2 weeks, 1. Two weeks, 1. Eight weeks, 1. Ten weeks, 1.

GT3 shortened therapy; <2 weeks, 3. Four weeks, 2. Six weeks, 3.

Of participants who took >2 weeks of therapy, 7/8 (88%) achieved SVR₁₂. Of those who took <2 weeks, 0/4 achieved SVR.

Conclusion: Although sample size is small, patient non-compliance with treatment is not always prohibitive to SVR₁₂. While the recommended regimen offers the greatest likelihood of SVR₁₂, PWID who do not comply with the full course of therapy, provided they have had over 2 weeks, should be followed up with to SVR₁₂ with optimism.

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