

Extending the criteria for chronic hepatitis C (CHC) treatment with direct acting antivirals (DAAs) in Greece: Best benefit in linkage to care for patients who inject drugs (PWID's)

M. Papavdi¹, O. Anagnostou¹, N. Papadopoulos², P. Antonakaki¹, H. Kranidioti¹, J. Koskinas¹, S. Manolakopoulos^{1,3}, M. Deutsch¹

¹2nd Academic Department of Internal Medicine, Medical School National and Kapodistrian University of Athens, Hippokration Hospital, Athens, Greece

²1st Department of Internal Medicine, 417 Army Share Fund Hospital of Athens, Greece

³Department of Gastroenterology, Medical School of National and Kapodistrian University of Athens, Laiko General Hospital, Athens, Greece

Background: Until recently reimbursement of CHC treatment with (DAA's) in Greece prioritized cirrhotics or F3 treatment experienced patients. After price negotiations and the launch of the Greek national HCV elimination plan in July 2017 treatment criteria have been expanded to all patients with fibroscan > 7kPa and no restriction in patients with comorbidities. Our objective was to evaluate the impact of the therapeutic criteria expansion on linkage to care of patients with CHC

Methods: We retrospectively enrolled 441 patients with CHC (M/F: 281/160, mean age 54±12) treated with DAAs between January 2015-June 2017 (period A) and July 2017-April 2018 (period B). Patients were connected with our Liver Unit as: regular appointments without referral, referrals by other physicians, referral of PWID from substitution or dry programs and re-call of previously diagnosed and warehoused patients.

Results: 249 (56.5%) and 192 (43.5%) patients received DAAs at periods "A" and "B" respectively. Overall treatment rate per month significantly increased in period "B" (19 patients per month) compared to period "A" (8 patients). Regular appointments were more frequent in period "B" vs "A" [123/249 (49.5%) vs 56/192 (29%), p<0.001], while there was no difference in referrals from other physicians [81/249 (32.5%) vs 55/192 (28.5%), p=0.220]. There was an increase in referrals of PWID from substitution or dry programs [58/192 (30%) vs 42/249 (17%), p=0.001] and in re-calls [24/192 (12.5%) vs 4/249 (1.5%), p<0.001] In multivariable analysis, re-called patients (OR: 6.8, 95% CI: 2.20-20.60; p=0.001) and PWID's referred from substitution or dry programs (OR: 2.0, 95% CI: 1.15-3.60, p=0.014) were independently associated with treatment in period "B".

Conclusion: The expansion of therapeutic criteria for anti-HCV treatment in Greece, led to a significant increase in linkage to care in PWID's and in patients who were previously diagnosed but warehoused.