

HIGH CURE RATES IN A REAL WORLD COHORT OF HCV INFECTED PATIENTS ON OPIOID SUBSTITUTION THERAPY (OST) DESPITE ALCOHOL AND CANNABIS CONSUMPTION - DATA FROM THE GERMAN HEPATITIS C-REGISTRY (DHC-R)

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BACKGROUND AND AIMS

People who inject drugs (PWID) are most affected by HCV infection. In Germany, 80% of n=4,368 newly diagnosed with positive HCV-RNA were PWID (2016).

To reach the WHO goal of HCV eradication by 2030, DAA therapy has to be scaled up especially in PWID.

METHODS

The DHC-R is a national real-world registry study. N=7,747 chronic HCV patients started DAA therapy: n=739 OST patients (Opioid Substitution Therapy), n= 1,500 non-OST/DU: patients with former/current Drug Use without OST and n=5,508 non-OST/NDU: patients without a history of drug use (Non Drug Use). **Therapy completed and at least one follow-up documentation (Intention-to-treat (ITT) population): N=528 OST and n=5,582 non-OST (DU and NDU).**

RESULTS

Compared to non-OST (DU and NDU) patients, OST patients differed considerably in some characteristics: Among OST patients, the prevalence of male and younger patients was higher. OST patients were less treatment experienced than non-OST (DU and NDU) patients. In addition, all OST patients suffered from comorbidities, whereas comorbidities were documented for 70 to 80% of non-OST (DU and NDU) patients (not shown). Data on alcohol and cannabis consumption in the different patient groups are shown in Figure 1.

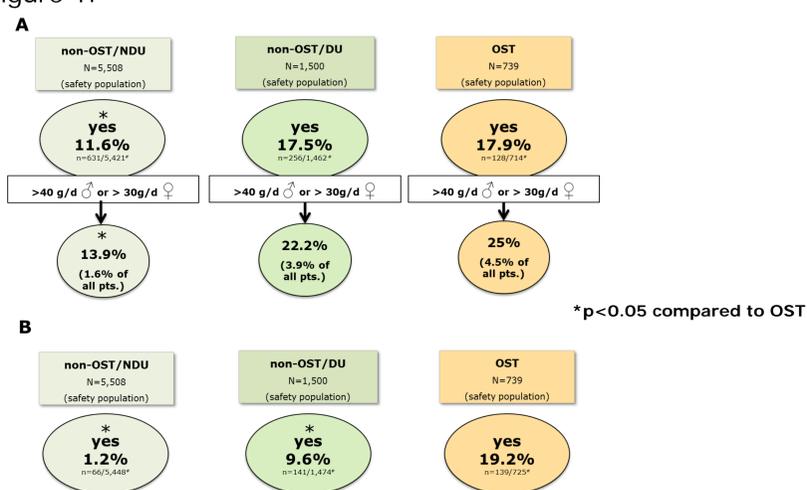


Figure 1: Alcohol (A) and cannabis (B) consumption in different patient populations

*data on alcohol/cannabis consumption not available for all patients; OST, opioid substitution therapy; non-OST, patients without OST; DU, former/current drug use and/or HCV transmission via drug abuse; NDU, no former/current drug use/other mode of HCV transmission; pts, patients

In alcohol consuming patients, proportion of Lost to Follow Up (LTFU) was significantly higher in OST (12/97) compared to non-OST/NDU (16/532) (Figure 2A), but occurred mainly (8/97) after end of therapy (EOT): non-OST/NDU: 87.5%; non-OST/DU: 70.6%; OST: 66.7%.

Consumption of cannabis was not a risk factor for LTFU. Proportion of LTFU differed not significantly within groups (Figure 2B).

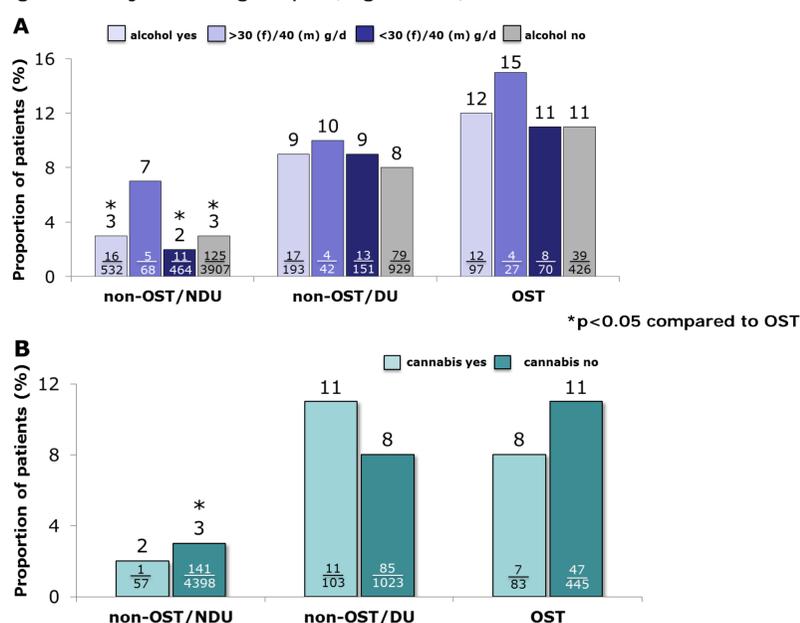


Figure 2. Lost to follow up (LTFU) according to alcohol (A) and cannabis (B) consumption

The proportion of alcohol consuming patients with a relapse were significantly higher in non-OST/DU compared to OST, but the numbers were small (Figure 3A).

Consumption of cannabis did not seem to be a risk factor for relapse. In patients without cannabis consumption, the proportion of patients with a relapse were significantly higher in non-OST/NDU and non-OST/DU compared to OST, but numbers were small (Figure 3B).

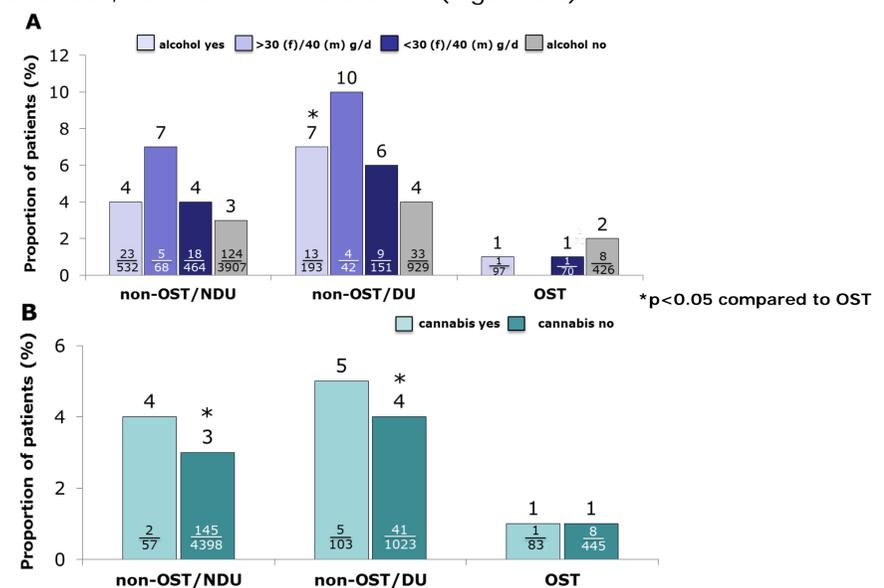


Figure 3. Relapse rates according to alcohol (A) and cannabis (B) consumption

Except for patients with a high alcohol intake, SVR 12/24 rate (ITT) was significantly higher in non-OST/NDU compared to OST patients, mainly driven by less LTFU (Figure 4A). Cannabis consumption did not influence SVR12/24 (ITT) significantly (Figure 4B). In Per-Protocol analysis, alcohol and cannabis consumption did not influence SVR 12/24 rates (not shown).

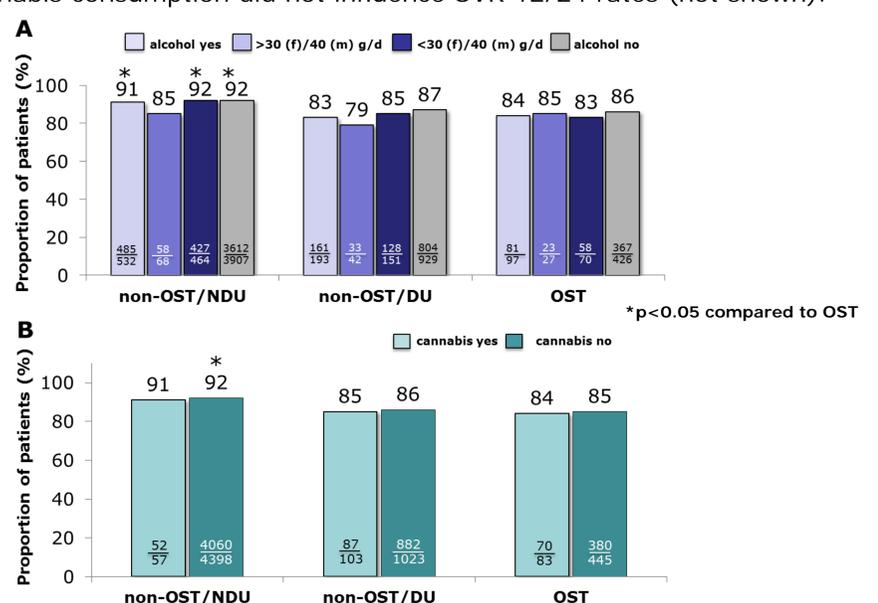


Figure 4. SVR rates (ITT) according to alcohol (A) and cannabis (B) consumption

CONCLUSIONS

- High SVR rates could be achieved in both OST and non-OST patients.
- Alcohol or cannabis consumption did not diminish cure rates in Per-Protocol analysis.
- However, LTFU is more likely in patients
 - with current or former drug use than in patients without drug history
 - with a high alcohol consumption
- but occurred mainly after EOT, leaving a high chance for HCV elimination in these patients

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