HCV AMONG CIRRHOTIC PEOPLE WHO USE/INJECT DRUGS (PWID): RESPONSE TO THERAPY AND LONG-TERM FOLLOW-UP

Magel T [1], Holeksa J [1], Thiam A [1], Chu L [1], Yung R [1], Truong D [1], Conway B [1]

Vancouver Infectious Diseases Centre[1]

Background

People who use/inject drugs (PWID) account for the largest proportion of incident and prevalent HCV infections in Canada. Many of these individuals remain undiagnosed or untreated and may already have advanced liver disease with a short-term risk of significant complications.

Table 1.

Demographics	n=71
Mean Age (years)	58 (35-78)
Female (n,%)	14 (20)
HIV Co-Infected (n,%)	14 (20)
OST (n,%)	22 (32)
Homeless (n,%)	4 (6)
Psychiatric comorbidity (n,%)	28 (39)
Mean FibroScan (kPa)	23.5

Methods

We conducted a retrospective chart review of all HCV-positive PWID who have received direct-acting antiviral (DAA) therapy at our centre, focusing specifically on those who were diagnosed with cirrhosis prior to treatment by transient elastography (FibroScan, or FS, >12.5 kPa). Throughout the course of HCV therapy, all patients received multidisciplinary care addressing medical, social psychological, and addiction-related needs.

Results

A total of 71 cirrhotic patients were included in this analysis: mean age 58 (35-78) years, 20% female, 20% HIV co-infected, 32% on OST, 6% homeless/unstably housed, and 39% with a psychiatric comorbidity, mean FS score 23.5 kPa. Of those who reached the SVR timepoint, 62/62 (100%) achieved sustained virologic response (SVR_{12}). Two individuals were lost to follow-up (LTFU), 3 were engaged in treatment elsewhere, 4 individuals have completed treatment and are awaiting outcome measurement, and one individual has been re-infected and is currently undergoing retreatment. Over a mean post-SVR12 follow up of 1.27 (0.04-6.23) years, some improvement in fibrosis was observed (Figure 2). Through long term maintenance in care after SVR12 (>6 months post SVR12), 37 eligible individuals were monitored for HCC post SVR12. Screening for HCC was conducted according to established guidelines, with 4 cases being detected, at a rate (2.12/100 py) slightly lower to that demonstrated in other populations.
There have been no cases of virologic failure documented in this cohort.

Figure1. SVR12 among Cirrhotics

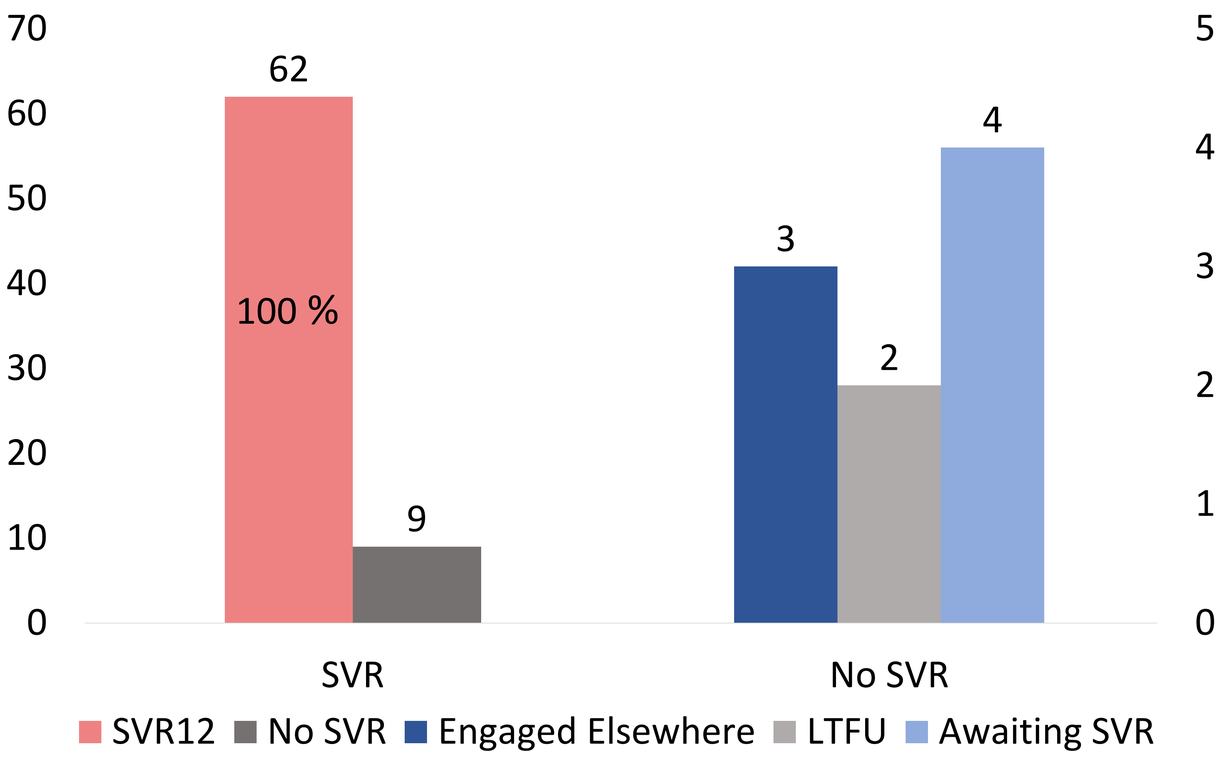
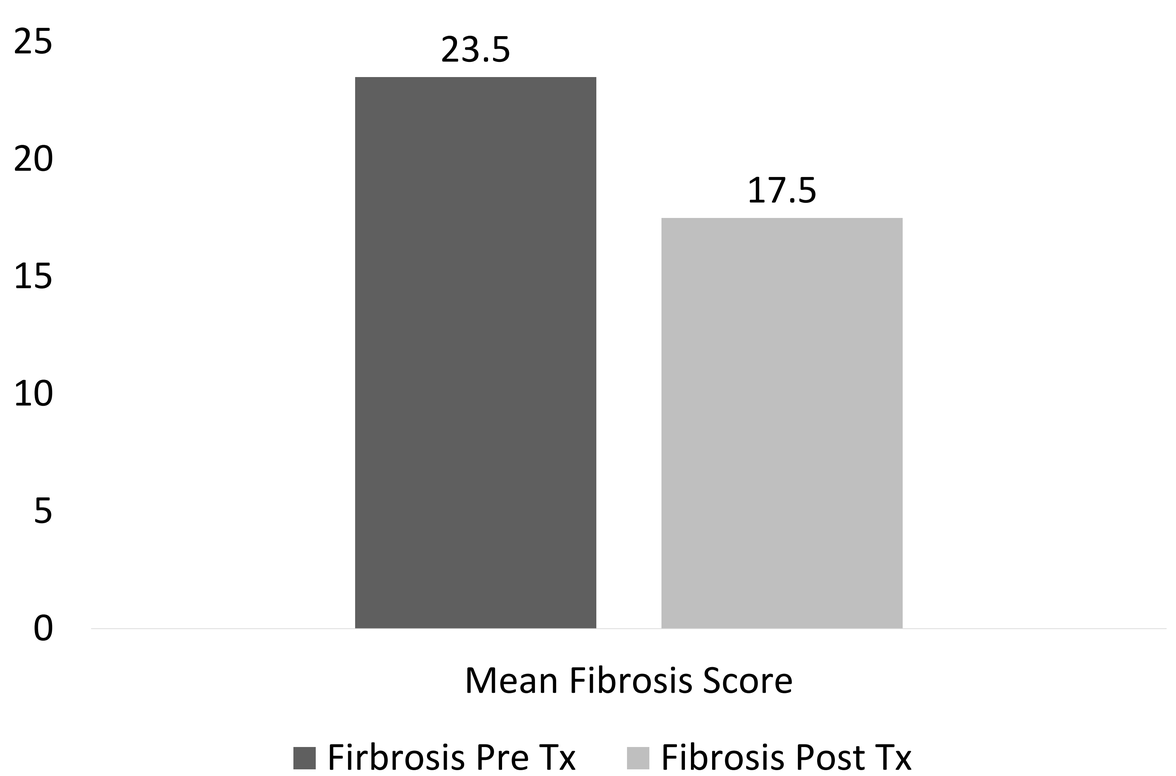


Figure 2. Fibrosis Pre and Post Treatment



Conclusion

Our data demonstrate the continued need for prioritization of PWID in the treatment of HCV, with a proportion of these individuals requiring urgent treatment in the setting of advanced liver disease. Within our multidisciplinary program, high cure rates were achieved. The occurrence of HCC in this cohort underscores the need to maintain cirrhotic patients in long-term follow-up after SVR12 is achieved.

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