EXCESS MORTALITY RISK AMONG HEPATITIS C PATIENTS AFTER BEING "CURED" IN THE INTERFERON-FREE ERA: RESULTS FROM THREE POPULATION-BASED COHORTS

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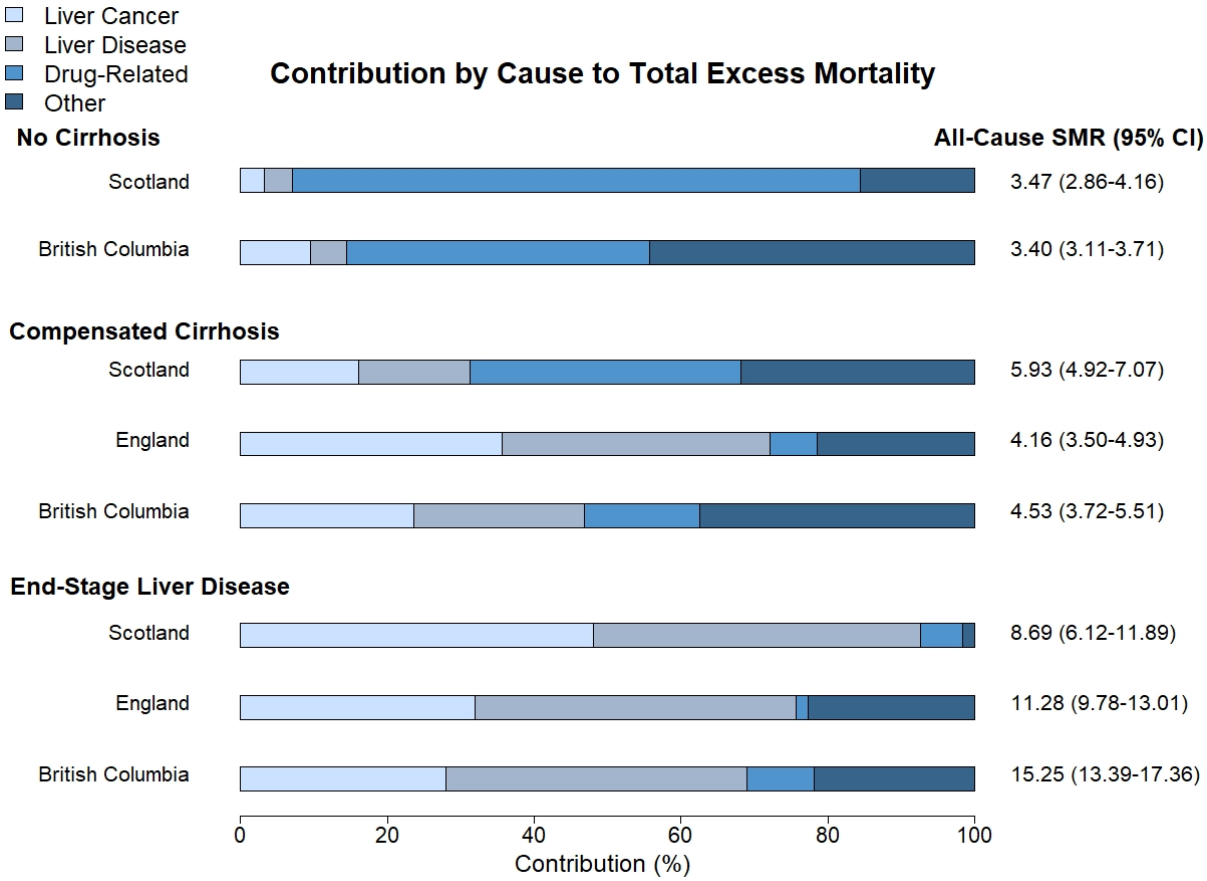
Background:
Although the number of people living with a hepatitis C sustained viral response (SVR) has increased dramatically, mortality rates in this patient group remain poorly understood. Our goal was to assess excess mortality after SVR achievement in the interferon-free era.

Methods:
We performed data analysis on patients achieving SVR in the interferon-free era (≥2014) from three population-based cohorts in Scotland, England, and British Columbia (BC). Patients were divided into three disease stage groups: no cirrhosis; compensated cirrhosis, and end stage liver disease (ESLD). We calculated the standardised mortality ratio (SMR) to compare the frequency of mortality in SVR patients to the general population. We also quantified the proportion of excess death attributable to: a) death from liver cancer; b) death from liver disease unrelated to cancer; and c) death from

drug-related causes. Finally, Poisson regression was used to identify factors associated with excess mortality.

Results:
Our analysis included 20,031 patients, of which 1402 (7%) died during follow-up. The mean follow-up duration was 2.2-3.9 years, and the mean age ranged from 46.3 (Scotland) to 56.7 years old (BC). SMRs indicated that all-cause mortality was 3.4-3.5 times higher than the general population in non-cirrhosis patients, 4.2-5.9 times higher in compensated cirrhosis patients, and 8.7-15.3 times higher in ESLD patients. For non-cirrhosis patients, drug-related causes were responsible for the greatest proportion of excess death (77% Scotland; 41% BC). Conversely, for cirrhosis patients, liver-related causes were the key driver, responsible for 30-95% of excess deaths (see Figure). In the regression analysis, younger age, drug use and comorbidities were associated with greater excess mortality.

Conclusion:
In the largest study performed to-date, we show that individuals achieving SVR in the interferon-free era have a considerably higher mortality risk than the GP, driven mainly by drug-related mortality (in non-cirrhosis patients) and liver-related causes (in cirrhosis patients).



Disclosure of Interest Statement: ***See example below:***
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