REAL WORLD OUTCOMES OF DIRECT ACTING ANTIVIRAL (DAA)THERAPY FOR HEPATITIS C (HCV) AMONGST PERSONS WHO INJECT DRUGS TREATED IN AN INNER-CITY HEPATITIS C TREATMENT PROGRAM, VANCOUVER, CANADA

Hull M [1,2,3], Gallagher L [2], Pare D [2,3], Kason D [2], Persaud S [2], Nouch S [2,3], Viljoen M [2], Elliot D[2], Zhang W [1], Bath M [2], Pauls G [2], Barrios R [1,2,3], Norbury M [2], Hall D [2,3],

[1] BC Centre for Excellence in HIV/AIDS, Vancouver, Canada
[2] Vancouver Coastal Health Authority, Vancouver, Canada
[3] University of British Columbia, Vancouver, Canada

Background: Outcomes of direct acting antiviral therapy for HCV in persons who inject drugs (PWID) treated in a real world setting are not well established. We undertook an analysis of outcomes of individuals undertaking HCV therapy in an inner city multi-site treatment program, Vancouver, Canada.

Methods: Data were analyzed from participants followed through the Vancouver Coastal Health -Vancouver Community HCV Treatment Program offered at three inner-city primary care clinics from July 1, 2014 to April 15, 2016. DAA based therapy included use of combination pegylated interferon/ribavirin (PR) with a DAA, or interferon-free DAA therapy. Participants were recorded as achieving a sustained virologic response (SVR12) if HCV RNA was undetectable at 12 weeks following the end of therapy, or recorded as lost-to follow-up (LTFU) if no results were obtained. Outcomes for PWID on opiod substitution therapies (OST) and for HIV/HCV co-infected patients were compared to those not on OST and to HCV mono-infected patients, respectively.

Results: Overall 156 (82% male, median age at baseline 54 years (q1-q3 38-59)) individuals initiated HCV therapy (87.8% with history of injection drug use and 53.2% on OST). Of those treated, 18% were treatment-experienced and 50.6% had evidence of underlying cirrhosis. For n =118 (75.4%) genotype 1 individuals, 117(99%) received interferon-free DAAs, (86% sofosbuvir/ledipasvir). For n = 38 (24.4%) genotype 2/3 individuals, 36 (94.7%) received interferon-free DAAs. Of those who have reached their SVR12 visit (n=87), 85% achieved SVR12, 13% were LTFU at that visit, and only n=2 had documented relapse (both G3, cirrhotic). No differences in LTFU rate were seen for PWID (p=0.990), those on OST (p=0.494) or for co-infected individuals (p=0.681).

Conclusions: Outcomes attained using DAA therapies are high in a real world setting. Strategies to improve retention in care post therapy will be important to ensure appropriate monitoring for treatment failure and re-infection.

Disclosure Statement: Dr. Mark Hull has received grant support from the National Institute on Drug Abuse (NIDA R01DA031043-01) and has received honoraria paid to his institution for speaking engagements and/or consultancy meetings from the following: AbbVie, Bristol Myers Squibb, Gilead, Merck, Ortho-Janssen, and Viiv.