

TREATMENT OUTCOMES ACHIEVED WITH ALL-ORAL HEPATITIS C TREATMENT IN PEOPLE WHO CURRENTLY INJECT DRUGS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background:

Despite recommendations that people who inject drugs (PWID) receive access to hepatitis C treatment, PWID are excluded in many jurisdictions. It has been demonstrated that PWID can achieve similar rates of cure to non-PWID with pegylated-interferon therapy (PEG-IFN). PEG-IFN has been superseded by direct-acting antivirals (DAAs). While DAAs are highly effective, some have expressed concern that sustained virological response (SVR) may be lower with DAAs given they entail less regular clinician contact than PEG-IFN. We conducted a systematic review of treatment outcomes achieved with DAAs in PWID.

Approach:

A search strategy was used to identify relevant studies in MEDLINE, Embase, Cochrane Central Register of Controlled Trials (CENTRAL) and Web of Science. Relevant conference proceedings were also searched. Search results were screened by two reviewers using a pre-determined protocol (PROSPERO ID: CRD42017083604). Studies that reported SVR after interferon-free DAA therapy in current PWID were included. Studies conducted in custodial settings were excluded. Random effects meta-analyses were used to estimate the pooled SVR in people who currently inject drugs and the relative risk (RR) of SVR in people who currently inject drugs compared to other participants.

Outcomes:

The search identified 5200 abstracts, of which eight were eligible for inclusion. Most included studies were cohort studies (n=6) and were conducted in high-income countries. Definitions of current injecting included injecting; while on treatment (n=1), in the preceding month (n=1), six months (n=3) or year (n=3). The pooled SVR amongst current PWID was 87% (95% CI: 82-92%, I²=69.2%). The pooled RR for SVR amongst current PWID compared to other (non-injecting) participants was 0.94 (95% CI: 0.87-1.01, I²: 39.9%).

Conclusion:

Treatment outcomes were similar in PWID compared to non-PWID treated with direct-acting antivirals. As such people should not be excluded from treatment at the system or individual-practitioner level on the basis of injecting status.