HIGH EFFICACY OF DIRECT-ACTING ANTIVIRAL THERAPIES FOR HEPATITIS C FOLLOWING UNIVERSAL ACCESS IN AUSTRALIA: THE REACH-C COHORT

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Introduction:
Australia is one of the first countries globally to provide universal access to government-subsidised direct-acting antiviral (DAA) therapy for all living with chronic hepatitis C (HCV). All physicians can prescribe DAAs, including general practitioners. This analysis evaluated treatment outcomes from this unique model.

Methods:
REACH-C comprises a national observational cohort from 12 diverse clinical services including tertiary, primary care, community and drug and alcohol clinics. Data were obtained on individuals who commenced DAAs from 1 March 2016. Efficacy was assessed by sustained virological response 12-weeks post-treatment (SVR12) using intention-to-treat (ITT) and per-protocol (PP) analyses.

Results:
A total 2544 consecutive individuals initiated DAA therapy across 12 clinics (March 2016-February 2018). This analysis includes 2339 individuals with expected SVR12 by 31 December 2017 (male 68%; ≥50years 55%; cirrhosis 20%). HCV genotype was most frequently 1 (57%). Injecting drug use (IDU; last 6 months) and opioid substitution therapy (OST) was 16% and 21%. Sofosbuvir/ledipasvir (55%) and sofosbuvir/daclatasvir (41%) were most commonly prescribed. SVR12 data were available in 80% (1863/2339). Reasons for missing data included death (12/480) and not attending clinic (468/480). SVR12 was 77% (1806/2339) by ITT and 97% (1806/1863) by PP. By genotype, SVR12 were; 1a 98%, 1b 98%, 3 95%. SVR12 was high across baseline characteristics with a small reduction in treatment-experienced vs naïve (91% vs 98%). Missing SVR12 was more likely with IDU (36% vs 16%) and/or OST (34% vs 16%). Virological failure was documented in 42 patients (2%) with one case of reinfection. Eleven individuals who failed SVR12 were retreated, most commonly with grazoprevir/elbasvir+sofosbuvir (27%) and grazoprevir/elbasvir±ribavirin (27%)

Conclusion:
Treatment response was high across a broad spectrum of individuals treated through diverse clinical services, with minimal virological failure or reinfection. Missing data presents a real-world challenge, highlighting the need for innovative strategies to retain patients in post-treatment care.

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