

TOWARDS HEPATITIS C ERADICATION IN FAR NORTH QUEENSLAND: A REPORT ON MODELS OF CARE & DIRECT ACTING ANTIVIRAL OUTCOMES

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Abstract:

Introduction: Direct Acting Antiviral (DAA) regimens have revolutionised Hepatitis C Virus (HCV) treatment, with high efficacy and minimal side effects reducing barriers to treatment. Public health strategies have been developed to meet treatment demand, with the ultimate goal of HCV eradication.

Objective: To describe characteristics of patients undergoing HCV treatment with DAAs, methods of facilitating treatment, and treatment outcomes.

Methods: This was a prospective cohort study of patients treated by Cairns Hospital. Demographics, clinical features (cirrhosis, prior treatment), DAA regimens, and outcomes (sustained virologic response at 12 weeks (SVR12) were recorded.

Results:

- Over a 13 month period, 481 patients received treatment for HCV.
- The most common genotypes were genotype 1a (n=226, 47.0%), genotype 3 (n=191, 39.7%) & genotype 1b (n=42, 8.7%).
- The most frequently prescribed DAA regimens were sofosbuvir/ledipasvir (n=251, 52.2%), sofosbuvir/daclatasvir (n=199, 41.4%) & sofosbuvir/ribavirin (n=21, 4.4%). No patients were prescribed interferon.
- SVR12 results were available for 77.8% (n=374) of patients treated and demonstrate a SVR12 rate of 96.0% (n=359). Of the patients without SVR12 results, 17.7% (n=85) were lost to follow-up. No patients ceased treatment due to adverse effects.
- Presence of cirrhosis (24.3%, n=117) did not independently impact significantly on SVR12 rates (93.8 vs 96.7%, p=0.09)
- Treatment experienced patients (n=91, 18.9% of the cohort) were more likely to be non-responders compared to treatment naïve patients (11.3% vs 2.3%, p<0.01).
- Most prescribers were gastroenterologists (48.6%), general practitioners (24.6%) or sexual health specialists (20.1%).
- Diverse strategies to facilitate treatment included a dedicated HCV clinical nurse consultant, education to GP Clinics, specialist outreach clinics to regional communities, and shared-care models with general practitioners.

Conclusion: This study demonstrates real-world data confirming high efficacy of DAA regimens in HCV treatment. Diverse models of care facilitate treatment delivery in regional and remote settings.

Disclosure of interest statement: None to disclose