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All-Oral Anti-HCV Therapy in Injection Drug Users: Updated Real World Data

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Disclosures

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Background

- With access to highly effective, well tolerated all-oral therapy for HCV infection, increasing access to treatment for people who use drugs (PWUD) becomes more feasible.

- In British Columbia, new funding guidelines have greatly increased access to HCV treatment
  - Universal access if F2-4
  - Conditional access if F0-1 (HIV or HBV co-infection, CKD, extra-hepatic manifestations, fatty liver, women of child-bearing potential)
  - Appeal mechanism on a case-by-case basis for all patients
  - Universal access expected for 2018

- In anticipation for universal access, the real world efficacy of various regimens needs to be confirmed post clinical-trial.

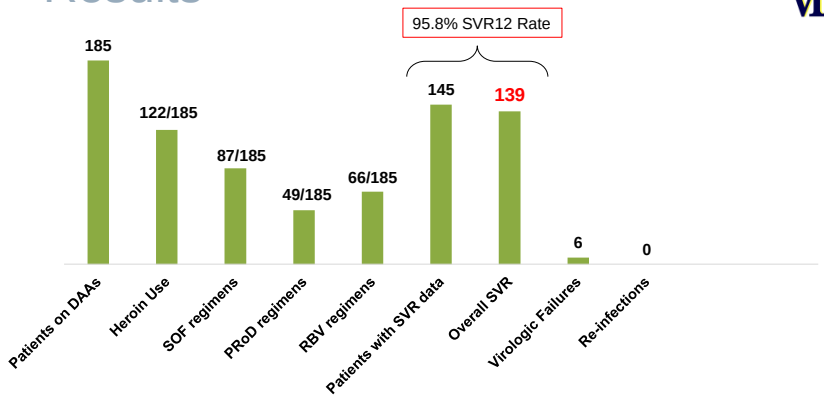
Methods

- A retrospective analysis was performed on all HCV-infected patients (with current/recent drug use, as documented by urine drug screen) who were treated at VIDC using all oral regimens.

- A multidisciplinary model is in place to addre
  - Addiction needs
  - Social Needs
  - Psychiatric Needs
  - Medical Needs

- The primary outcome of this analysis was achievement of SVR (undetectable HCV RNA 12 or more weeks after the completion of HCV therapy).

Results



	#1	#2	#3	#4	#5	#6
Gender	M	M	M	M	M	M
Genotype	3a	2a/2c	1a	1a	1a	1a
Regimen	SOF/ RBV	LDV/ SOF	LDV/ SOF	PrOD + RBV	PrOD + RBV	PrOD + RBV
Fibrosis	F1	F2	F3	F3	F2	F3

Conclusions

- Within a multidisciplinary model of care, the treatment of HCV-infected PWUD with all-oral regimens is safe and highly effective.
- The use of multi-tablet regimens and/or ribavirin did not affect treatment outcome in our analysis.
- These data support the feasibility of enhancing access to HCV therapy among PWUD as restrictions on treatment availability based on treatment stage are removed.
- Although equivalent efficacy can be expected, care must be taken to reduce the risk of recurrent viremia after successful therapy.