

LONG TERM OUTCOME FOLLOWING SUCCESSFUL HCV TREATMENT WITH GLECAPREVIR/PIBRENTASVIR IN PEOPLE WHO USE DRUGS (PWUD)

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Background:

We published on 111 HCV-infected individuals (95% active fentanyl users, 50% unstably housed) treated with an 8 week course of glecaprevir and pibrentasvir. SVR12 was achieved in 108 (97%) cases, with 3 documented virologic relapses. We followed the 108 cured individuals in the longer term, to document favorable and unfavorable health-related outcomes and their correlates.

Methods:

After SVR 12 was documented, all participants were maintained in a long-term care program to address medical and non-medical needs and to develop strategies to reduce reinfection risk. Participants could be enrolled in addiction care and were evaluated for HCV reinfection, with HCV RNA performed every 12 months. The evaluated key outcomes were maintenance in follow up, mortality and HCV reinfection and their correlates. For those who were reinfected, we further documented our ability to maintain them in care and provide a repeat course of antiviral therapy.

Results:

All 108 eligible subjects were maintained in care. We note median age 47 (22-75) years, 27.8% female, and 21.3% Indigenous, 97.2% on going active fentanyl use, 46.7% unstably housed. At last follow up, at median 44 (12-51)months, 104 (96.3%) remained alive, and 4 individuals died of an opioid overdose, a 50% reduction in mortality rate given the ongoing opioid overdose crisis with 3 deaths/day in the inner city. Of the remaining 104 subjects, 98 (94.2%) remained HCV-free, and 6 (5.8%) were re-infected. All 6 were able to reinstate government-funded antiviral therapy, the outcome of which is still pending.

Conclusion:

Within a program that has already demonstrated a high rate of HCV cure in a particularly vulnerable population, we document an ability to maintain participants in long-term follow up, a reduction in expected opioid overdose-related mortality, a lower than expected rate of reinfection and a universal ability to provide repeat antiviral therapy.

Disclosure of Interest Statement:

Dr. Conway has received research grants, honoraria and/or acted as a remunerated advisor for AbbVie, Astra Zeneca, Gilead Sciences, GSK, Indivior Canada, Merck, Moderna, Sanofi Pasteur, Seqirus, and ViiV Healthcare. In particular, AbbVie and Gilead Sciences have funded the community pop-up clinic program in a direct way.