**response to DAA-based Hepatitis C treatment on PWUD in substitution therapy: first REAL-LIFE data from Southern Switzerland**

Moriggia A1,2, Magenta L1, Robatto A1, Schranz M1,3, Terziroli B1, Cerny A1.

1 Epatocentro Ticino, Lugano, Switzerland; 2 Ingrado Servizi per le Dipendenze, Lugano, Switzerland, 3 Inselspital, Bern, Switzerland

**Introduction:** There is limited data on new hepatitis C treatments in people who use drugs (PWUD). Concerns about poor adherence, risk of adverse events and possible interactions with alcohol and recreational drugs represent barriers to access to treatment in this population.

**Methods:** PWUD treated for hepatitis C with directly acting antivirals (DAAs) in a liver clinic and/or in an addiction clinic in Southern Switzerland were included. Study outcomes were sustained virological response (SVR) 4 and 12 weeks after end of treatment (EOT) and on treatment viral load as check for adherence.

**Results:** Of the 30 patients included, median age was 48 years, 77% were men, 80% had liver cirrhosis (n=24/30). One patient was HIV co-infected (3%) and 1 was liver transplanted (3%). Chronic alcoholism was present in 14 patients (47%) and current drug use in 12 (40%).

HCV median viremia was 10E6 UI/ml, genotype (GT) distribution was: GT3: 53% (n=16), GT1a: 26% (n=8), GT4: 17% (n=5), GT1b: 3% (n=1). Treatment regimens were sofosbuvir (SOF) + daclatasvir (DCV) ± ribavirin (RBV) 33% (n=10), SOF + RBV 30% (n=10), SOF + ledipasvir 13% (n=4), SOF + simeprevir (SMV) ± RBV 10% (n=3), SOF + peg-interferon + RBV 7% (n=2), ombitasvir / paritaprevir / ritonavir + dasabuvir 3% (n=1). SVR4 was reached in 85% (n=11/13), SVR12 in 80% (n=8/10). One patient stopped treatment for loss of follow-up, 17 completed the treatment, 12 were still on therapy. Updated data will be presented on the definite poster.

**Conclusion**: Successful HCV treatment outcome was achieved in 80% of PWUD despite advanced fibrosis in most patients and ongoing IVDU and/or elevated alcohol consume in a substantial proportion of them.

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