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## Background

Centre St-Martin offers integrated psychiatry and internal medicine outpatient services to people who use drugs, as part of a person-centered approach of hard to reach patients. In 2014 onsite liver fibrosis testing was implemented as a standard of care of chronic hepatitis C monitoring. This report discusses the clinical outcomes and pluridisciplinary boundaries of our current standard of care.

## Swiss DAAs reimbursement limitations

### Health Insurance criteria issued on Aug 1st 2015

Liver biopsy with **score Metavir  $\geq$  F2**  
or  
**Fibroscan  $\geq$  7.5 kPa**  
(measured twice within  $\geq$ 3 months interval)

Symptomatic patients with extrahepatic manifestation associated to chronic hepatitis C independently of liver fibrosis

## Approved DAAs treatment strategies

HCV genotype naïve and/or cirrhosis	Treatment duration weeks
1,3 and 4	12 or 24 according to DAAs association
Available DAAs	SOF LDV-SOF OMB/PTV-R + DAS SPV DCV

## Overview of chronic hepatitis C monitored patients (n=64)

Men	45 (70%)
Age years [median;range]	45 (24–67)
APRI score [median;range]	0.6 (0.2-2.8)
Viremia (log10) median (IQR)	2.20 E+6 (3.1-7.6)
Viral genotype	
1	31 (48%)
3	18 (28%)
2,4 and 6	7 (11%)
Not available	8 (13%)
Fibroscan F3 + liver cirrhosis	11 (17%)
Treatment rate	4 (6%)

## Study approach

Patients are followed by a case manager (nurse or social worker) who is in charge of engaging them to blood screening for HIV and HCV. Recorded outcomes were prevalence of positive anti-HCV antibodies and HCV RNA, liver fibrosis score and rate of antiviral treatment in patients with chronic HCV infection. Overall 447 patients were on follow-up between Jan-2014 to Mar-2015

## Pluridisciplinary interventions

In addition to annual HCV screening and clinical monitoring of patients known for chronic hepatitis C we propose other non-medical activities as patient groups and motivational campaigns in collaboration with social workers, psychologists and peer patients.



## Discussion and conclusion

Addition of onsite liver fibrosis testing has led to increased awareness concerning chronic hepatitis C related liver disease among health workers and has improved patients' engagement in the monitoring process. HCV treatment rate was doubled regardless of DAAs reimbursement limitations at abstract submission ( $\geq$  F3 score). Sixty seven percent of patients complying with clinical monitoring and motivated for treatment are at F1 liver fibrosis score and therefore not eligible for DAAs reimbursed treatment according to current country rules.

## Acknowledgement

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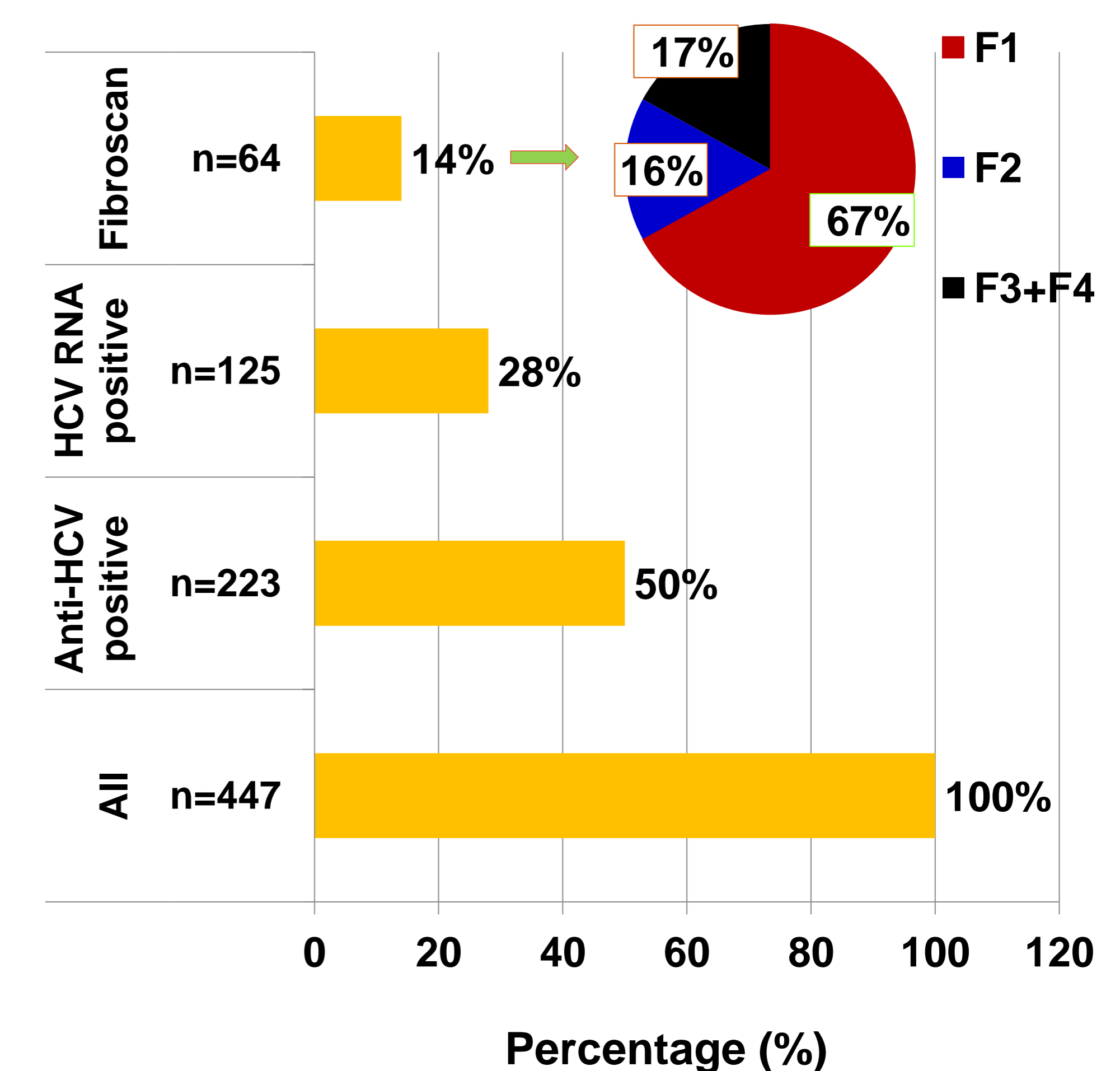
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## Patients' characteristics

Characteristics	Study population n= 447 patients
Men	331 (74%)
Age years [median;range]	39 (20-65)
Received a social security or disability pension	308 (69%)
homeless	76 (17%)
Opiate substitution treatment	411 (92%)
Chronic alcoholism	241 (54%)
Mental disorders (1 to 3 ICD-10 diagnosis)	232 (52%)
Chronic Hepatitis C	125 (28%)
HIV coinfection	49 (11%)

## HCV Screening outcomes



## Disclosure

Echosens fibroscan 402 was co-sponsored by the local pharmaceutical industry (Gilead, Janssen and MSD).