

REAL LIFE HCV TREATMENT DATA FROM AN INNER CITY DUBLIN HOSPITAL CLINIC



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BACKGROUND

Direct-acting antivirals (DAAs) have revolutionized the management of chronic hepatitis C (HCV). However, there are limited real-world data regarding HCV treatment outcomes. The aim of this study was to examine clinical outcomes of DAA-treated HCV-infected patients at a large Dublin inner-city hospital.

METHODS

Data was collected over a six month period (01/08/16 – 31/01/17) on HCV patients (n=83) admitted to the Mater Misericordiae University Hospital, Dublin for DAA treatment. Data was collected and analysed on genotype, fibroscan score, risk factor, treatment type, and treatment outcome.

RESULTS

RISK FACTORS

- Intravenous Drug User (IVDU) was the biggest risk factor for infection (n=67, 81%). Other factors were:
- MSM (n=5, 6%)
- Dental Work (n=4, 5%) (All of Eastern European origin)
- Vertical Transmission (n=2, 2%).
- Transfusion (n=1, 1%)

GENOTYPES

- Most patients were genotype 3 infection (n=37, 45%) or genotype 1a infection (n=36, 43%)

FIBROSCAN SCORES

- 12 (14%) patients had a fibroscan score ≤ 8.5
- 42 (51%) had a fibroscan score between 8.5-12.4
- 13 (16%) of patients had a fibroscan score ≥ 12.5.

TREATMENT

- 25 (30%) were treated with P/rOD¹
 - 21 (26%) with SOF/DCV
 - 20(24%) with SOF/LDV
 - 16 (19%) with SOF/VEL.
 - 1 (1%) with P/rO
- Cirrhotic patients across all genotypes and patients receiving P/rOD had ribavirin added to their regimens excluding G1B patient who did not receive ribavirin.

INTEGRATED CARE APPROACH

- Including peer support

100% PATIENTS COMPLETED TREATMENT WITHOUT SIGNIFICANT ADVERSE EVENT AND ACHIEVED SUSTAINED VIROLOGICAL RESPONSE (CURE)

¹P/rOD (Paritaprevir/ Ritonavir/ Ombitasvir/ Dasabuvir)- SOF (Sofosbuvir)- DCV (Dataclasvir)- LDV (Ledipasvir)- VEL (Velpatasvir)

CONCLUSIONS

Our Dublin cohort consists of patients who are poor at attending clinic appointments, and have historically failed treatment. Our campaign to motivate them with the results of the fibroscan score, and the success of our treatments, as well as peer support interventions in this cohort, have resulted in a good success in treatment and cure in our patient population. Despite the fact that these patients come from a disadvantaged environment, with ongoing crime, poverty, and other co-morbidities, including alcoholism, mental health issues, and homelessness, an 'integrated' multidisciplinary approach to care and treatment has resulted in a 100% cure.

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