“Lost to follow up” patients have equivalent SVR rates to patients attending scheduled SVR12 visits

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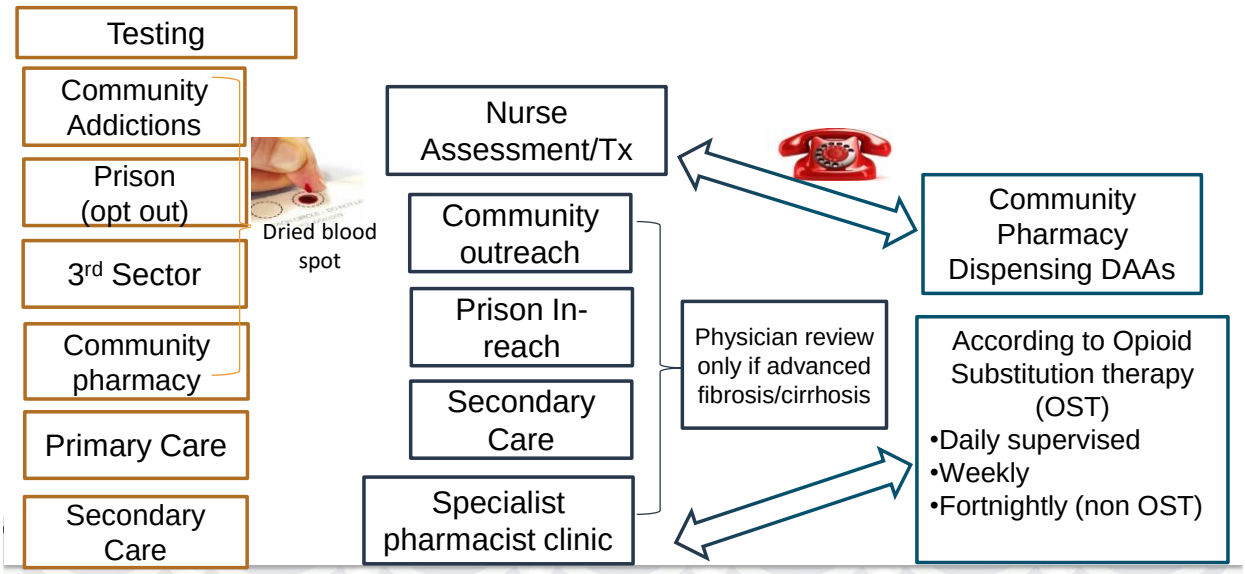
Disclosures

- Ms Boyle has received Grants and support to attend conference from Gilead and Abbvie
- Ms Marra has received speaking fees and educational grants from Gilead, Abbvie, Merck, Janssen
- Dr Peters has received support to attend conferences from Gilead and Abbvie. Speakers fees Gilead and Abbvie
- Dr Barclay has received Grants, Speakers fees and Advisory board fees from Abbvie and Gilead, and Speakers fees and advisory board fees from MSD

Background/aims

- Attendance for SVR 12 bloods is often lower in practice v clinical trial
- Does failure to attend for SVR 12 = poor compliance/reduced SVR rates?
- We sought to examine whether those who fail to attend as scheduled for SVR12 bloods differ in baseline characteristics and treatment outcomes

Glasgow model of care



Methods

- Patients completing oral DAA regimens < May 2016 were identified
  - Excluding those who:
    - participated in a clinical trial
    - prematurely discontinued treatment
    - never attended for SVR bloods

- Baseline characteristics and SVR rates were compared for those attending for SVR bloods at:
  - 12 – 17 weeks
  - 18 weeks +

Results

434 patients identified

17 excluded:
- 10 early d/c
- 7 DNA SVR bloods

417 patients

SVR 12 – 17 weeks
390 patients (93.5%)

SVR
377/390
96.7%

P=0.4

Mean age (years)	49	45
	p=0.04	
>50u alcohol/wk	113 (29%)	11 (41%)
	p=0.19	
Cirrhosis	193 (49.5%)	13 (48%)
	p=0.89	
Male	278 (71%)	19 (70.4%)
	p=0.61	

SVR 18 weeks +
27 patients (6.5%)
(Median 29 (± 36.5) weeks, range 19-120)

SVR
27/27
100%

Conclusions/implications

- SVR rates are not lower amongst those who complete treatment but do not attend for SVR bloods as scheduled
- Modified intention to treat SVR rates may be appropriately extrapolated to those who complete treatment but are “lost to follow up”

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