FEASIBILITY, OUTCOME AND UPTAKE OF IFN-BASED AND IFN-FREE DAA HCV-TREATMENT IN OST PATIENTS IN SWITZERLAND – THE SAMMSU-COHORT

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Background:
Opioid substitution treatment (OST) programmes not only have a high HCV-prevalence, but also allow for Directly observed therapy (DOT), making them an ideal setting for HCV-treatment. The aim of our study was to describe feasibility, outcome and uptake of HCV-treatment in OST patients in Switzerland in the IFN-based and IFN-free Directly-acting agent (DAA) era of HCV-treatment.

Methods:
Between 2014 and 04/2018, the Swiss Association for the Medical Management in Substance Users (SAMMSU)-Cohort has enrolled 704 opioid substitution patients in eight centres throughout Switzerland. Data on 305 HCV-treatments was collected retrospectively at baseline and prospectively by yearly follow-up.

Results:
Of the total of 305 HCV-treatments, 153 were classified as IFN-based (including regimens containing boceprevir, telaprevir or sofosbuvir) and 152 as IFN-free. Until 2012, all HCV-treatments were IFN-based. From 2016 onwards, all were IFN-free. Median treatment duration decreased from 45.3 weeks in HIV-positives and 25.9 weeks in HIV-negatives to 12 weeks for both. The proportion with pre-term stop (mainly toxicity-driven) decreased from 17.6% (27/153) to 0% (0/152) and adherence problems from 9.2% (14/153) to 2.6% (4/152). Sustained virological response (SVR) increased from 58.7% (88/150) to 95.7% (112/117), with no significant difference between HIV-positive and –negative patients. In the IFN-based era (even after the introduction of the first HCV-protease inhibitors in 2011), maximal 16 patients were treated per year. This number increased to 46/year in 2016 and 54/year in 2017 with IFN-free DAA-treatment.

Conclusion:
In the IFN-free DAA era with better tolerable drugs and 50-75% shorter treatment, adherence problems have become rare and pre-term stops virtually non-existent. SVR went up to ≥95% irrespective of HIV-status. So far, treatment-uptake has increased threefold. Omission of reimbursement restrictions (≥F2-fibrosis until 05/2017; prescription only by gastroenterologists/infectious disease specialists until now) has the potential of further increase.

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