DIRECT ACTING ANTIVIRAL (DAA) THERAPY IN PEOPLE WHO INJECT DRUGS (PWID) WITH ADVANCED HEPATITIS C VIRUS (HCV) RELATED LIVER DISEASE

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Background:

HCV infection is very common among people who have a history of drug use. Interferon-free DAA therapy is effective and safe in people under opiate substitution therapy (OST) but real-world data on treatment outcomes are sparse. In Greece, more than 20.000 PWID have HCV viremia. The aim of our study was to evaluate the efficacy and safety of DAAs in a real life setting in PWID with chronic hepatitis C (CHC).

Methods:

This is a retrospective analysis of prospectively collected data among PWID patients with CHC who received DAAs between April 2014 and March 2017. The treatment was offered under the supervision of a multidisciplinary team and only to patients with advanced fibrosis/cirrhosis following the national guidelines and reimbursement restrictions.

Results:

80 patients (71 males, mean age 50.3±7.9) were treated with DAAs. 49 PWID were on OST under methadone or buprenorphine. The genotype (GT) distribution was: GT1a 13.8%, GT1b 5%, GT2 3.8%, GT3 61.3% and GT4 16.3%. Half of the patients were treatment naïve and 68.7% were cirrhotics (7.5% decompensated). The combination of sofosbuvir (SOF)/ledipasvir or velpatasvir was used in 16.3%, SOF/daclatasvir in 52.6%, SOF/Ribavirin in 1.3% of the patients. The combination of ombitasvir/paritaprevir/ritonavir with or without dasabuvir was used in 8.8%/12.5% of the patients respectively while elbasvir/grazoprevir in 1.3%; other combinations in 7.5%. Overall the SVR rate was 88.7%; 92% in OST vs 85,7% in non-OST (p=0,67). No major side effects and no treatment discontinuation were observed. Three deaths after treatment discontinuation were reported (2 HCC, 1 no liver related).

Conclusions:

Our real life data confirmed that genotype 3 is predominant in Greek PWID population. In addition, we observed that in PWID with advanced liver disease, DAA therapy was safe and offered cure in 88.7% of our patients.