

## Background

All-oral therapy has turned HCV into an easily curable disease, with clinical trial data showing SVR rates of > 90% in all patient groups. However, real-life SVR rates are slightly lower in intent-to-treat (ITT) analyses. While per-protocol SVR rates remain high (highlighting treatment efficacy), LTFU may reduce the overall cure rate. The aim of this study was to evaluate the impact of LTFU on ITT SVR rates in a population of people who drug users (PWUD) actively.

## Methods

A retrospective analysis was performed on all HCV-infected patients who were treated at our centre from May 2014-Dec 2017. All subjects were enrolled in a multidisciplinary model of care, addressing medical, psychologic, social, and addiction-related needs. The primary outcome was SVR12 and occurrence LTFU.

## Results

At data-lock, 225 individuals had completed all-oral therapy: mean age of 55 years, 26% female, 48% active PWUD (78% of those with UDS using opiates), 64% HCV GT1a, and 20% cirrhotic. The ITT SVR rate was 90% (203/225) while the per-protocol (PP) SVR rate was 96% (203/211), with 7 relapses, 14 LTFU, and 1 discontinuation. Stratified ITT SVR rates show that active PWUD were significantly less likely to achieve SVR (84% ITT SVR, 90/107) ( $p=0.0185$ ). Active PWUD accounted for 70% of LTFU. The PP SVR in PWUD was 93% (90/97) in this cohort. Comparing PP SVR rates of active and the remaining population showed no significant difference in cure rates ( $p=0.1157$ ). All individuals that were LTFU (4) after the end of treatment had undetectable HCV RNA at EOT.

**Table 1. Participant Characteristics**

Characteristics	Patients (n= 225)
Mean Age (average)	55
Female (n, %)	58 (26%)
Active PWUD < 6 months (n, %)	107 (48%)
Opiate Use (n, %)	52/67 (78%)
HCV GT1a (n, %)	145 (64%)
Cirrhotic (n, %)	45 (20%)

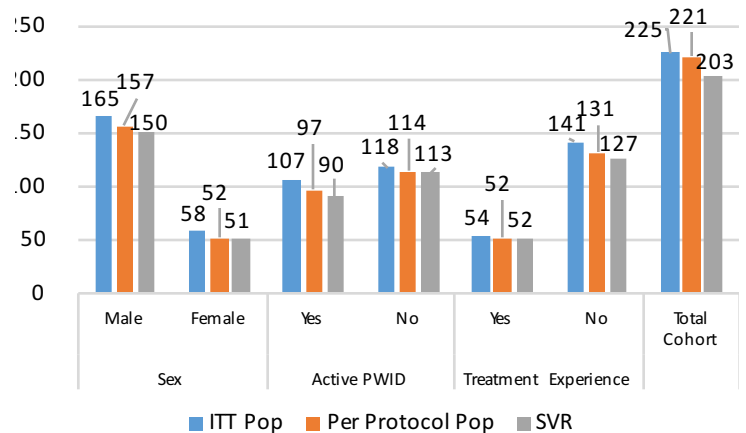
**Table 2. Treatment Outcomes Total Cohort**

ITT SVR Rate (n, %)	203/225 (90%)
Per-protocol SVR Rate (n, %)	203/211 (96%)
Relapses (n, %)	7 (3%)
LTFU (n, %)	14 (6%)
Discontinued (n, %)	1 (<1%)

**Table 3. Treatment Outcomes Active PWUD**

ITT SVR (n, %)	90/107 (84%)
Per-protocol SVR (n, %)	90/97 (93%)
LTFU (n)	10
Discontinued (n)	1

**Table 4. Treatment Outcomes**



## Conclusion

While it may seem that active PWUD are less likely to be cured of HCV infection compared to other populations, this is mainly driven by LTFU. Strategies to address LTFU in this population and document their virologic outcomes is needed to optimize our approach to HCV treatment in this population.

## Acknowledgements

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