

# FEASIBILITY AND EFFICACY OF SOFOSBUVIR-BASED REGIMENS IN A LOW THRESHOLD SETTING



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## BACKGROUND AND AIMS

### HCV infection among people who inject drugs (PWID) in Norway

- Approximately 40 % are chronically infected
- Access to treatment is limited
- Compliance remains a concern in the post interferon era with high costs of new DAAs

### The HCV Clinic

- Street clinic within the City of Oslo's harm reduction services
- Collaboration between the City of Oslo and Akershus University Hospital
- Provides testing, fibroscan and treatment

### Aim

- Assess the feasibility and efficacy of treating HCV-infection in PWID with Sofosbuvir (SOF)-based therapy

## METHODS

### HCV Clinic

- 2 nurses supported by a general practitioner and a specialist in infectious diseases
- Extensive use of outreach work
- Individually tailored treatment plans
- Administration of HCV medication through linking to other services or self-administration when considered feasible

### Inclusions

- Consecutive patients receiving one dose of SOF and scheduled to end treatment within Sept 2015
- Eligibility for treatment: At least significant fibrosis assessed by transient elastography. Significant fibrosis defined as liver stiffness measure (LSM) >7 kPa, cirrhosis defined as LSM > 12,5 kPa

## RESULTS

### STUDY POPULATION (fig 1 and 2)

- 40 patients included (9 women, 31 men)
- Cirrhosis in 50 % of patient
- Injecting drug use during treatment in 25 of 40 patients

### RESPONSE TO TREATMENT (fig 3 and 4)

- SVR4 achieved in 15 of 17 patients who have completed therapy
- SVR4 results for 2 patients pending, all have achieved viral suppression by end of treatment

FIG1 Liver stiffness measured by fibroscan

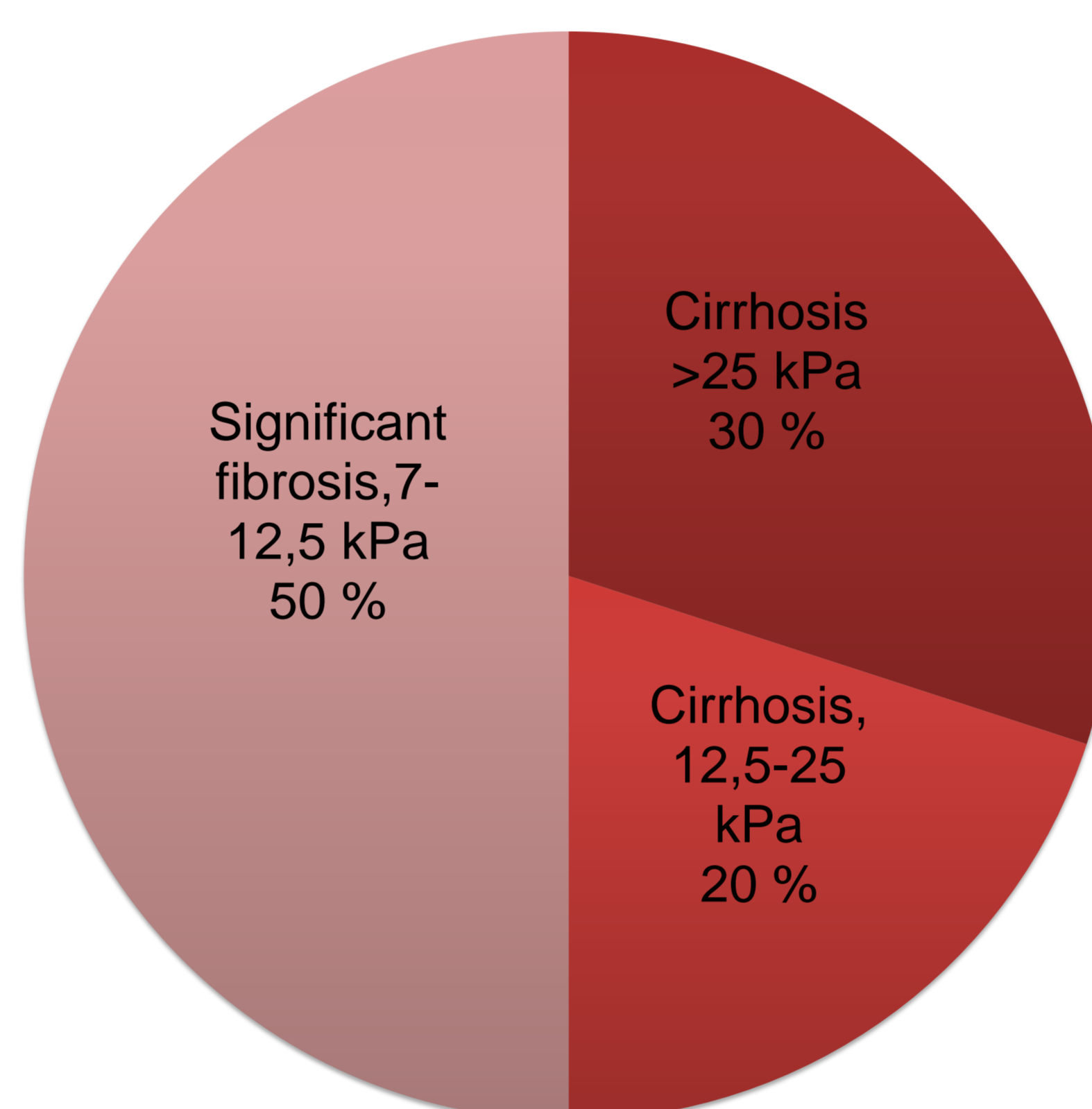


FIG2 Substance abuse and substitution therapy during HCV treatment

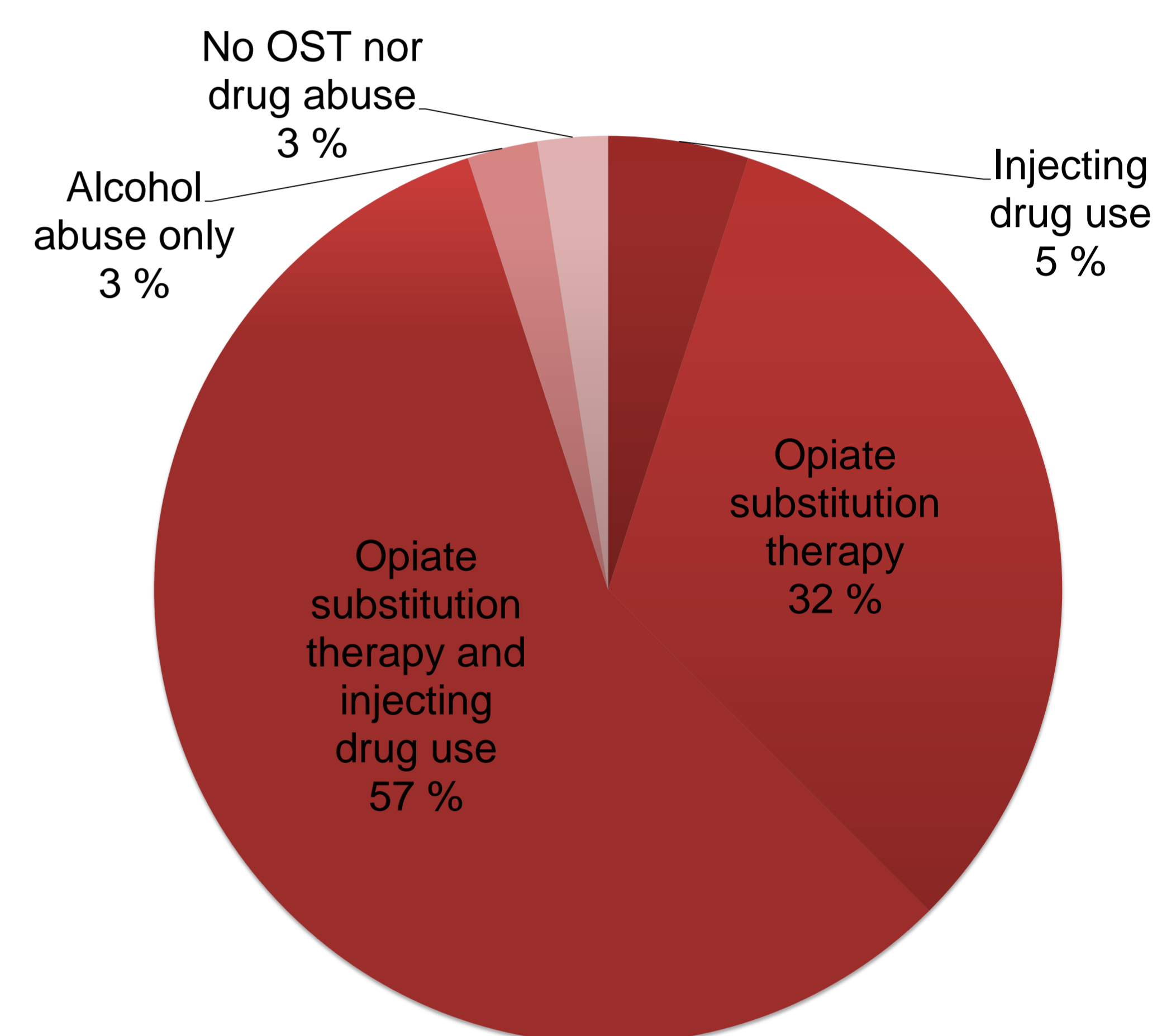


FIG3 SVR4 results

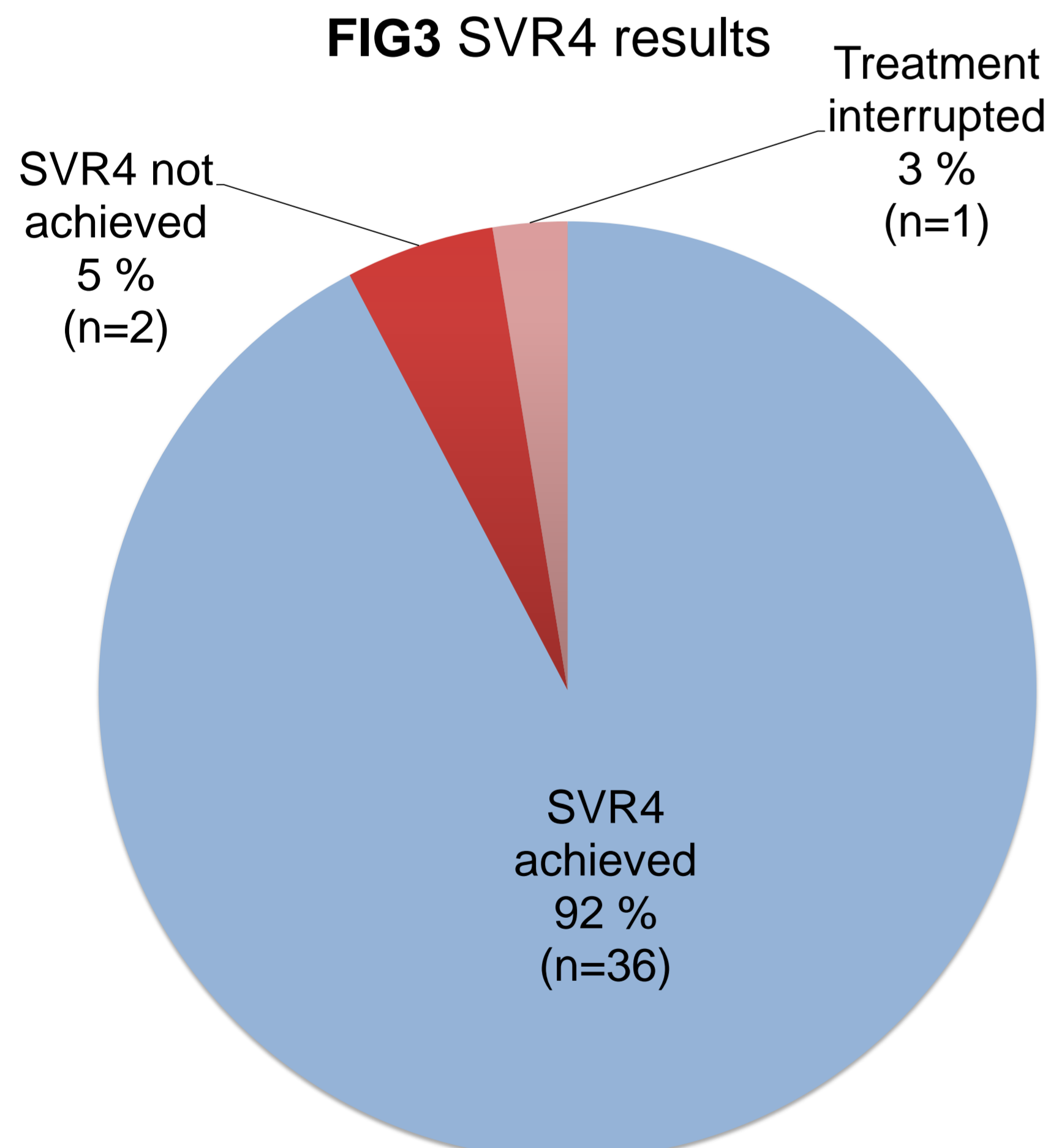
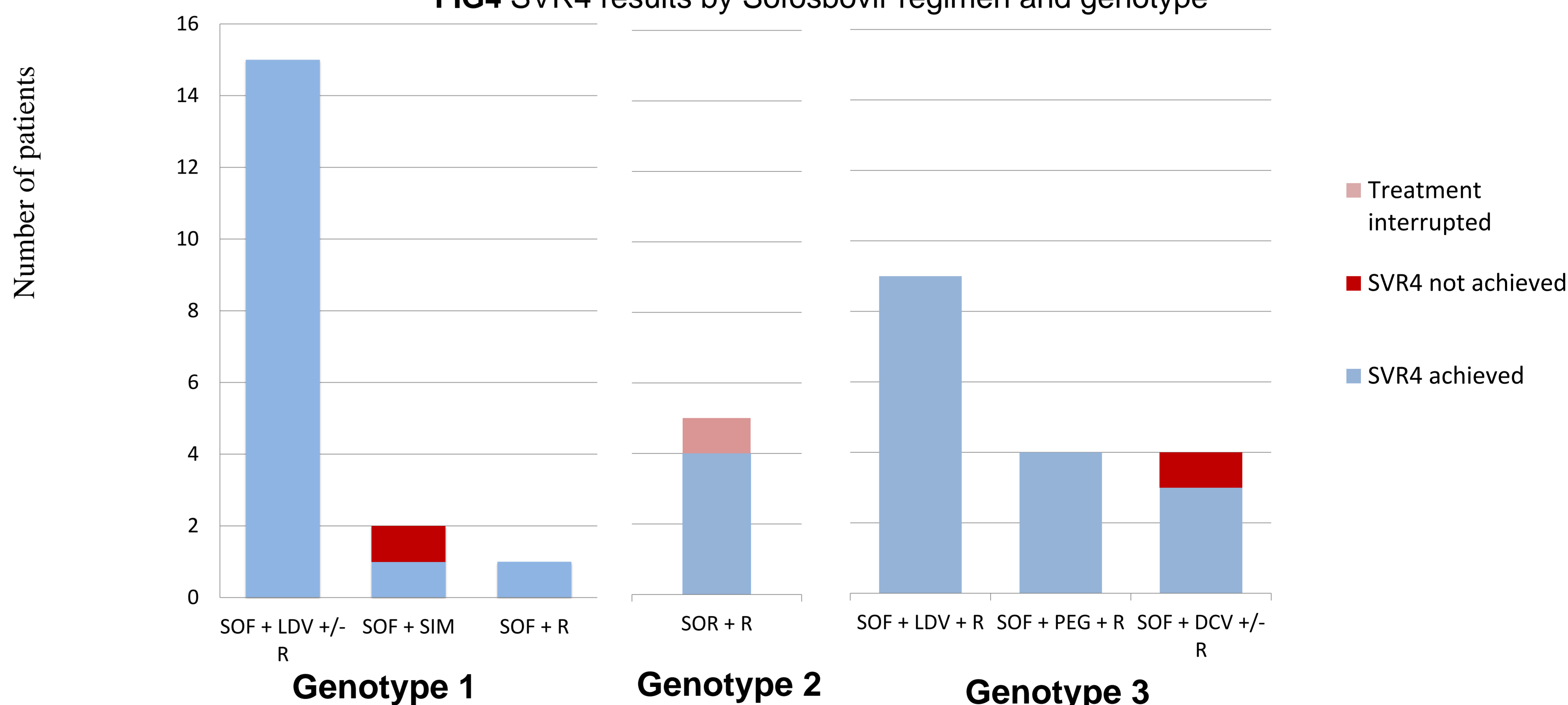


FIG4 SVR4 results by Sofosbuvir regimen and genotype



## DISCUSSION

Adherence remains a key issue in most patients, solved through

- Linking to existing services in the patients' surroundings
- Ambulant nurses who track patients that do not meet for medication.
- Adherence perceived to be acceptable in 37 of 40 patients

2 patients did not achieve SVR4

- #1: Male 42yrs, advanced cirrhosis. Good adherence, relapse
- #2: Female 48yrs, cirrhosis. Good adherence, never achieved viral suppression

## CONCLUSION

Administration of Sofosbuvir-based regimens when treating HCV infection in PWID is feasible given flexible and close follow up during treatment.