

# 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)

- 19 patients (4 women, 15 men)
- Cirrhosis in 12 of 19 (63%)
- Injecting drug use during treatment in 12 of 19 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

Fig 1: Liver stiffness measured by fibroscan

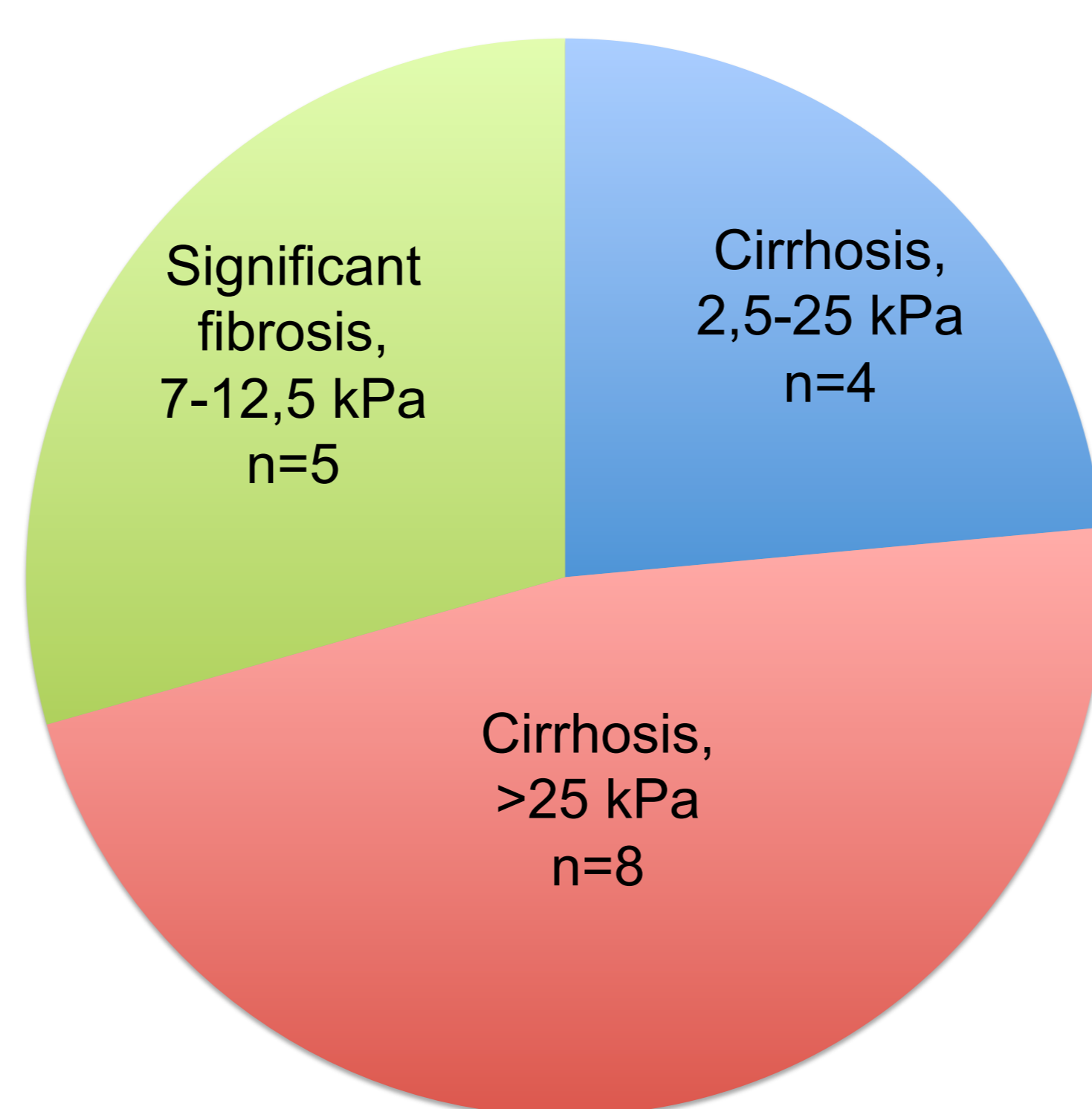


Fig 2: Substance abuse and substitution therapy during HCV treatment

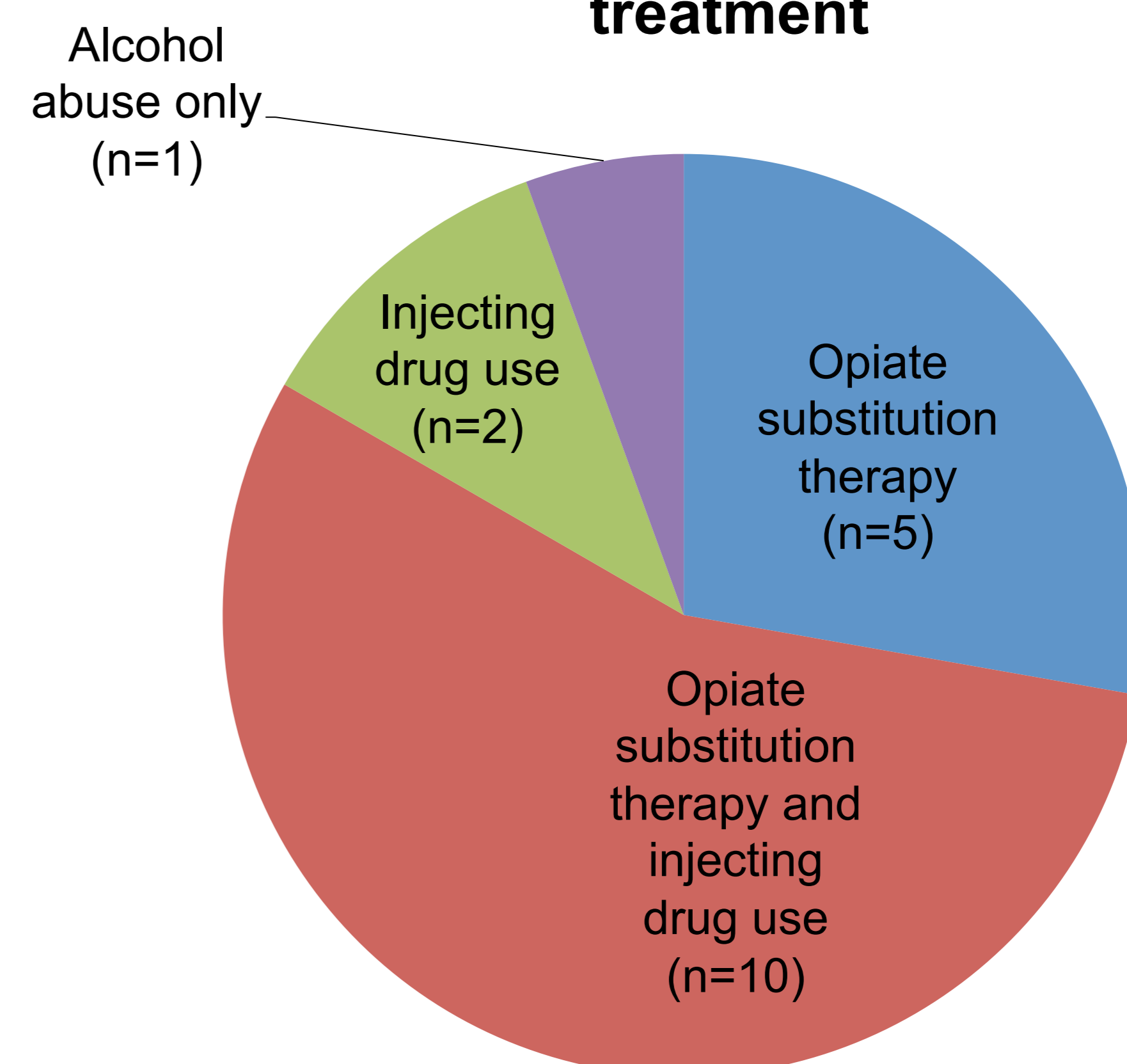


Fig 4: SVR4 results by Sofosbuvir regimen and genotype

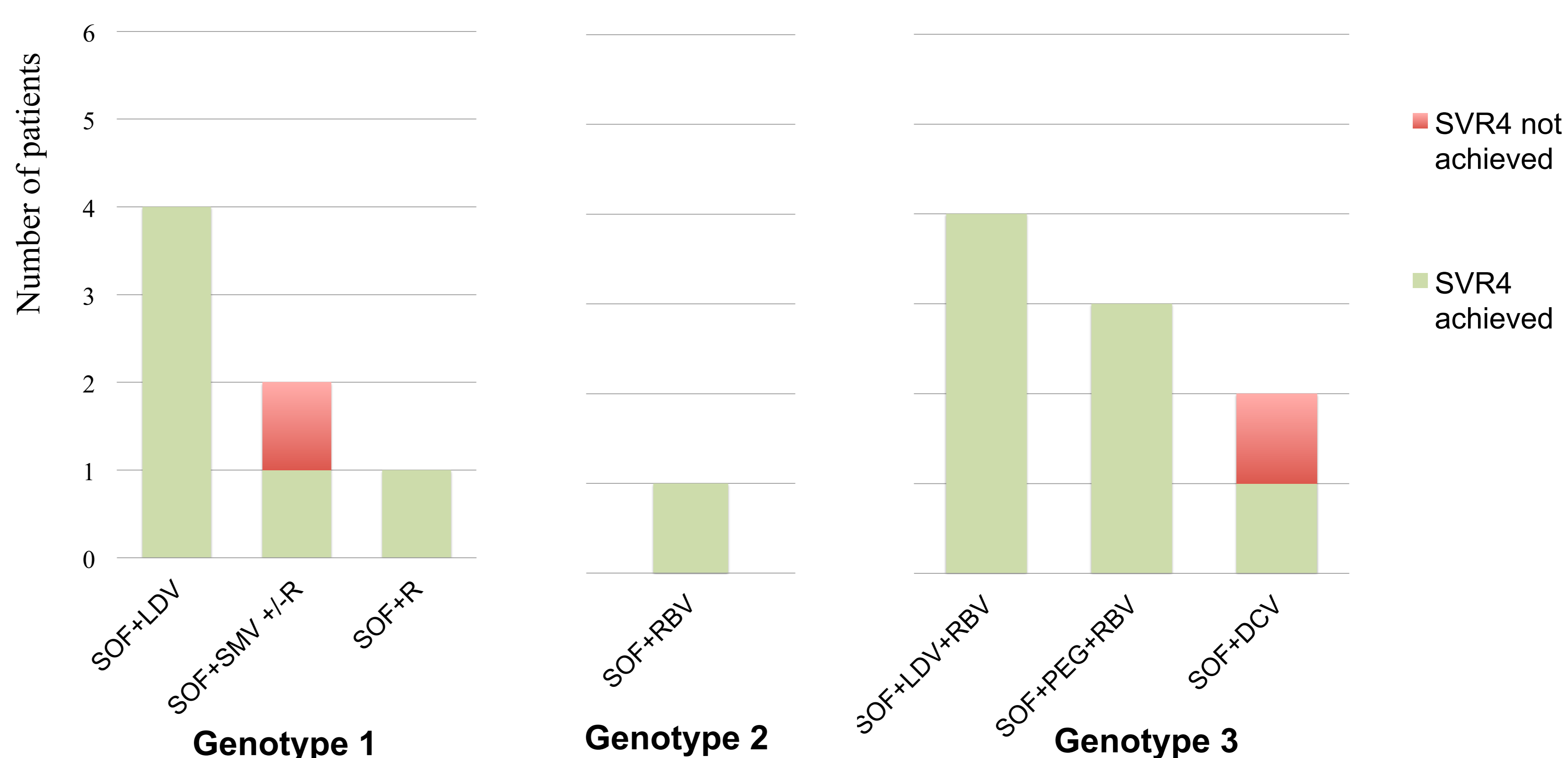
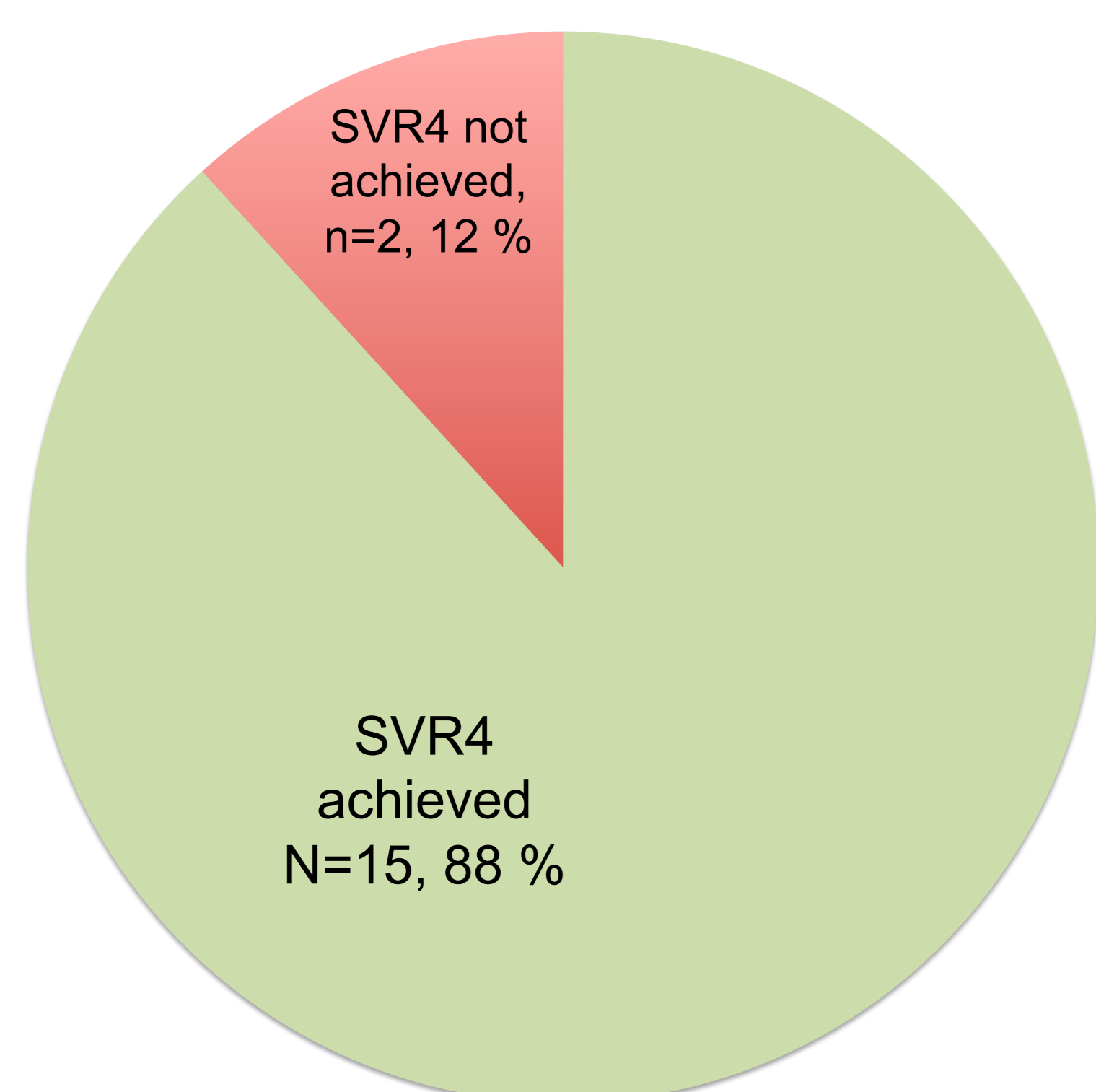


Fig 3: SVR4 results



## DISCUSSION

- Adherence was a key issue in most patients, solved through
  - Linking to existing services in the patients' surroundings
  - Ambulant nurse who would track patients that did not meet for medication.
- Adherence perceived to be acceptable in 18 of 19 patients
- 2 patients did not achieve SVR4
  - #1: Poor adherence, failing communication with service administering medication
  - #2: Good adherence, relapse

## CONCLUSION

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