

REAL LIFE HCV TREATMENT DATA FROM AN INNER CITY DUBLIN HOSPITAL CLINIC

Farrell J¹, , McHugh T¹, O'Connor E³, Avramovic G^{1,3}, Barror S¹, Flanagan J², Lambert J S^{1,3}

¹ Mater Misericordiae University Hospital, Ireland

² Health Service Executive (HSE), Ireland

³ University College Dublin

Background:

Direct-acting antivirals (DAAs) have revolutionized the management of chronic hepatitis C (HCV). However, there are limited real-world data regarding HCV treatment outcomes. The aim of this study was to examine clinical outcomes of DAA-treated HCV-infected patients at a large Dublin inner-city hospital.

Methods:

Data was collected over a six month period (01/07/16 – 31/01/17) on HCV patients (n=36) admitted to the Mater Misericordiae University Hospital, Dublin for DAA treatment. Data was collected and analysed on genotype, fibroscan score, risk factor, treatment type, and treatment outcome.

Results:

The majority of patients had genotype 1a infection (18, 50%) or genotype 3 infection (14, 39%). One patient had a fibroscan score ≤ 8.5 , 22 (51%) had a fibroscan score between 8.5-12.4, and 13 (36%) of patients had a fibroscan score ≥ 12.5 . Intravenous Drug User (IVDU) was the biggest risk factor for infection (29, 86%). Other risk factors identified were MSM (1, 3%), transfusion (1, 3%), and Vertical Transmission (1, 3%). 5 (14%) were treated with P/rOD, 9 (25%) with SOF/DCV, 17(47%) with SOF/LDV, 5 (14%) with SOF/VEL. All patients completed treatment without significant Adverse Events and all had a sustained viral response (cure).

Conclusion:

Our Dublin cohort consists of patients who are poor at attending clinic appointments, and have historically failed treatment. Our campaign to motivate them with the results of the fibroscan score, and the success of our treatments, as well as peer support interventions in this cohort, have resulted in a good success in treatment and cure in our patient population. Despite the fact that these patients come from a disadvantaged environment, with ongoing crime, poverty, and other co-morbidities, including alcoholism, mental health issues, and homelessness, an 'integrated' multidisciplinary approach to care and treatment has resulted in a good success.