

Background

- Liver disease: one of the main causes of death in people living with HIV¹.
 - Partly attributable to HIV/HCV coinfection.
- Since 2014, direct-acting antivirals (DAA) for HCV: >90 % cure and ↓ hepatic complications^{2,3}.
 - Among people who inject drugs (PWID) living with HCV, several factors including access to care and other comorbidities may counteract the benefits of DAA treatment.
 - The impact of DAA treatment on all-cause mortality in PWID remains unknown.

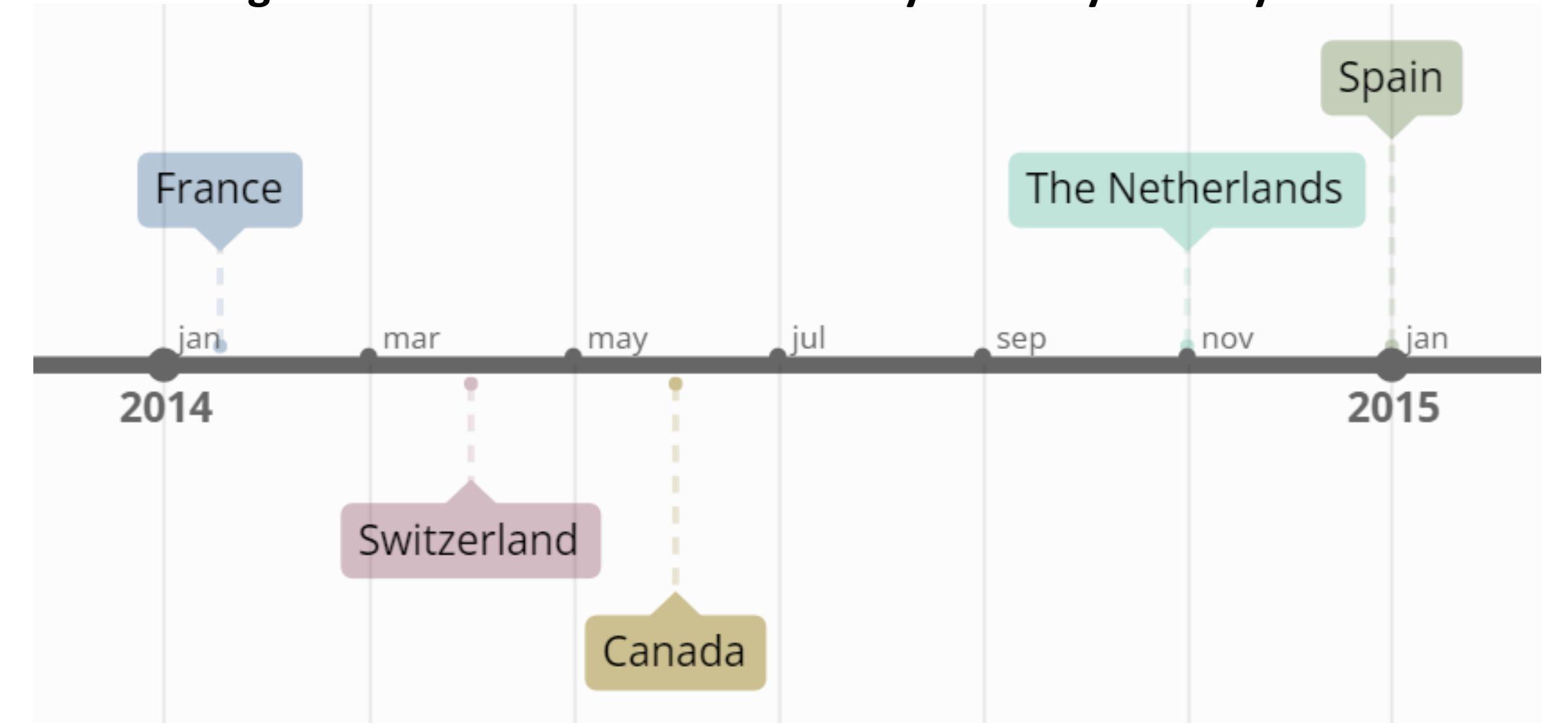
Objective

To compare pre/post-DAA availability mortality changes in three HIV/HCV transmission mode groups: **PWID**, men who have sex with men (**MSM**), and all **other** participants living with HIV/HCV of the International Collaboration on Hepatitis C Elimination in HIV Cohorts (InCHEHC).

Methods

- InCHEHC participants with HIV with a history of a positive HCV antibody or HCV RNA test, followed between 01/2010 and 12/2019 :
 - Canada, France, the Netherlands, Spain, and Switzerland
- Comparison of all-cause mortality risk in PWID, MSM and other participants
 - Cox proportional hazards regression models
 - adjusted for sex, age, advanced fibrosis/cirrhosis, and country-specific pre/post-DAA availability (Figure 1).

Figure 1. DAA restricted availability dates by country



Results

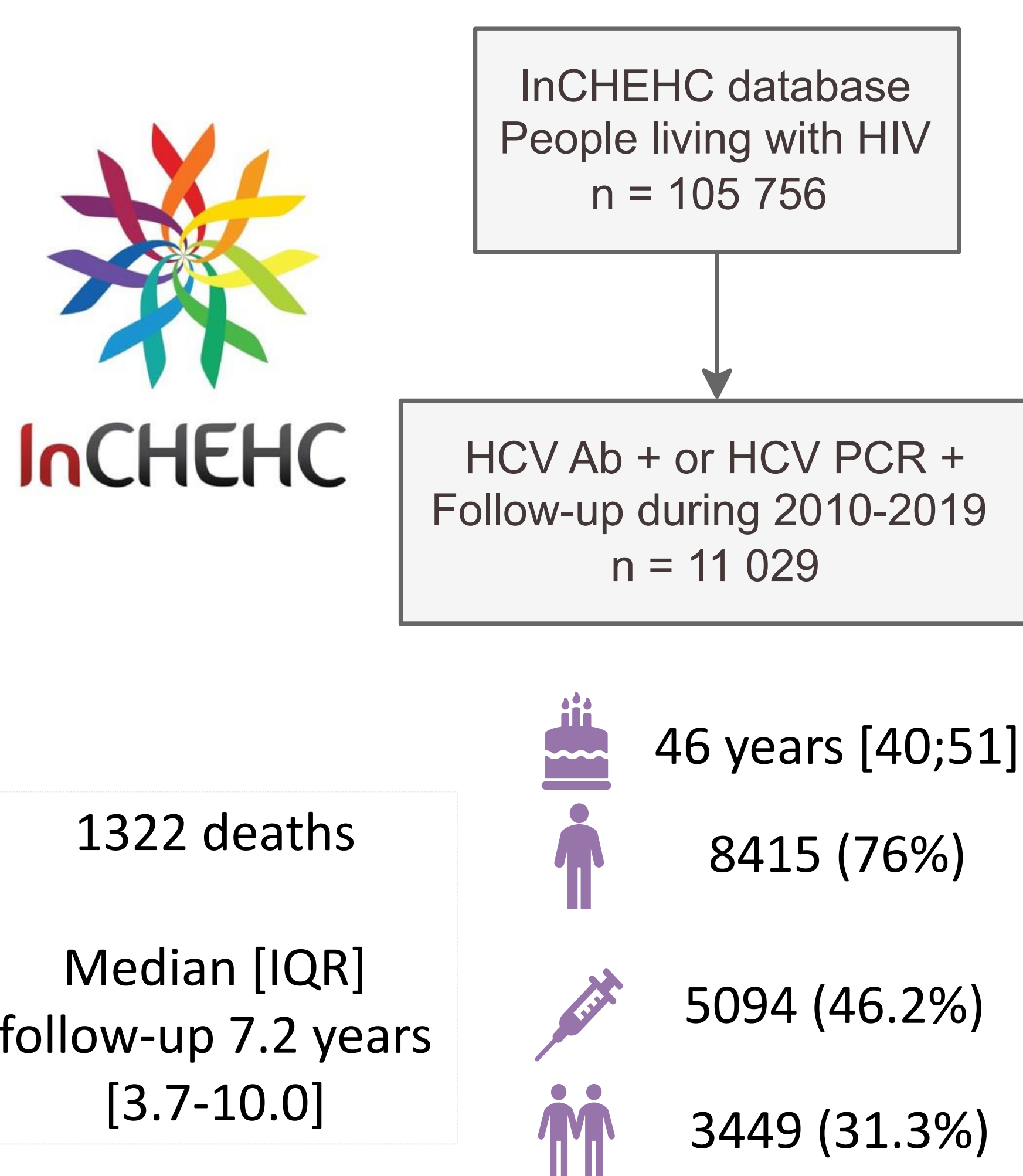
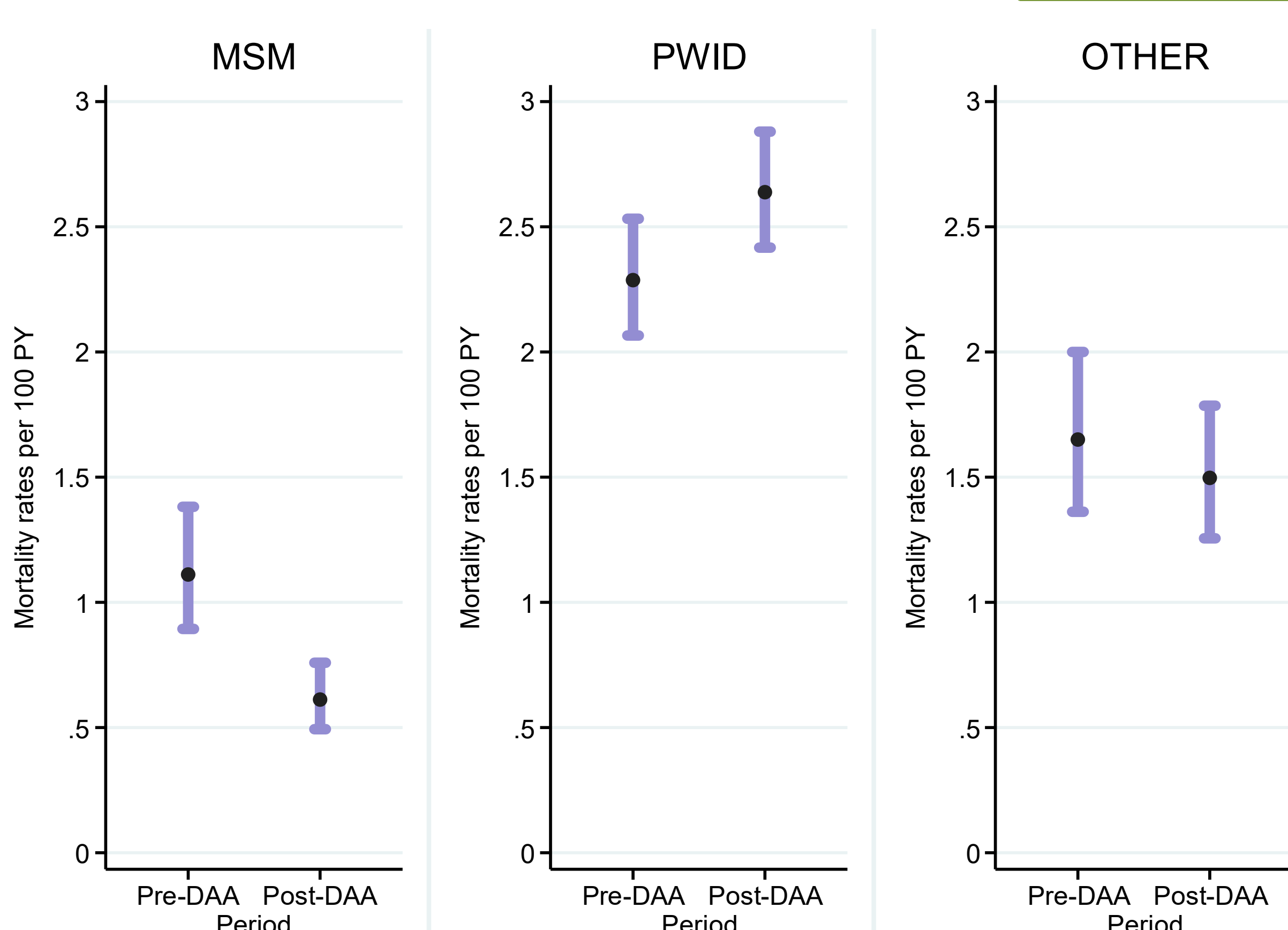


Figure 2. Mortality rates by HIV/HCV transmission mode and pre/post-DAA period (N=11 029)

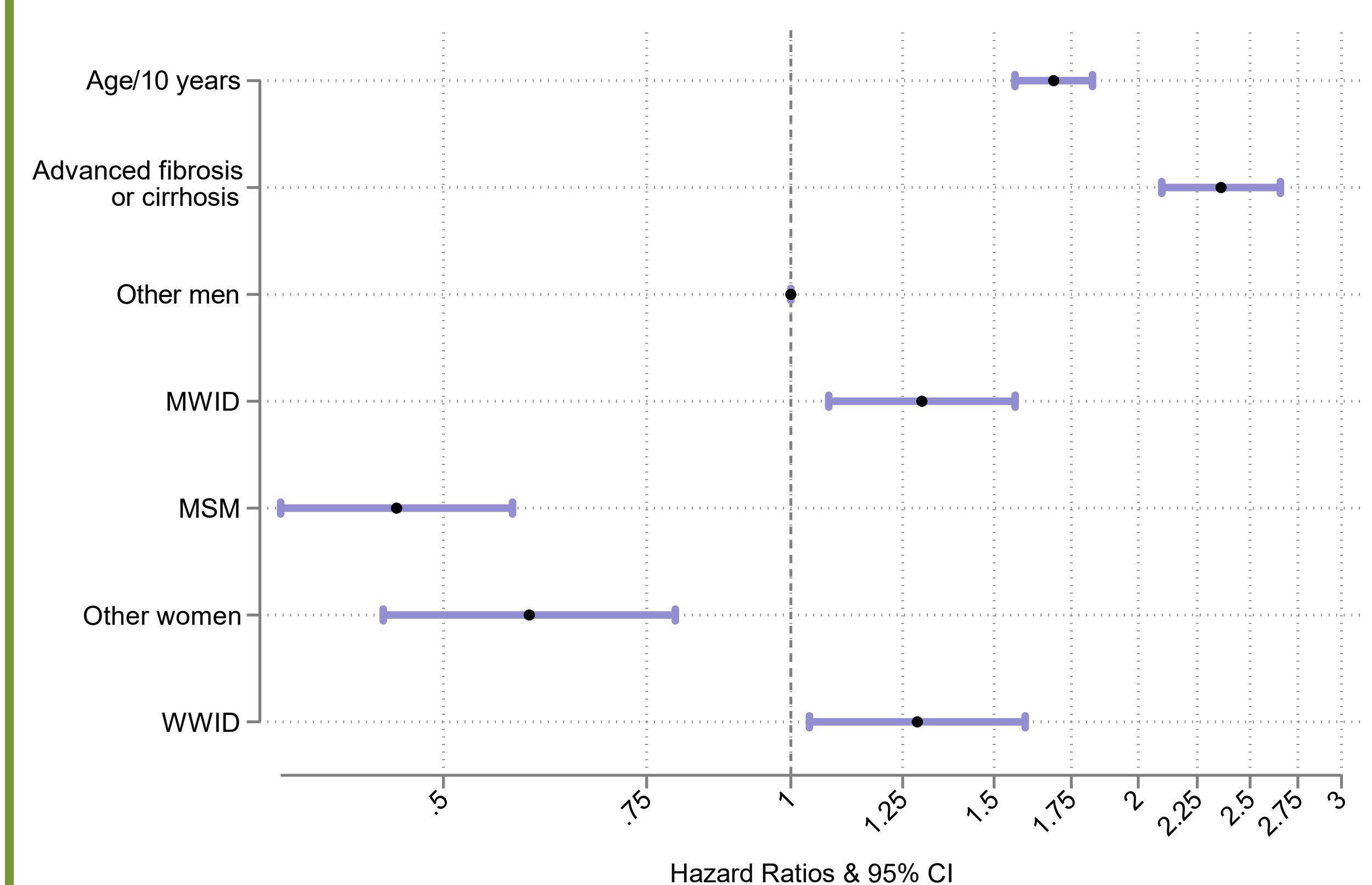


- Unlike in MSM, all-cause mortality did not decline in PWID after DAA availability (post-DAA rate: 2.6/100 person-years)

- In Canada, mortality in PWID increased after DAA availability (HR [95%CI]: 1.7 [1.2-2.6])

- Overall, women who inject drugs had a higher risk mortality than other women (HR [95%CI]: 3.2 [1.8-5.5])

Figure 3. Factors associated with all-cause mortality. Model with HIV/HCV transmission mode by sex. Multivariable analysis (N=10 062)



Abbreviations: CI, confidence interval; HCV: hepatitis C virus; HIV: human immunodeficiency virus; MSM: men who have sex with men; MWID: men who inject drugs; WWID: women who inject drugs.

Table 1. Factors associated with all-cause mortality by country. Model with pre/post-DAA period and HIV/HCV transmission mode interaction. Multivariable analysis* (N=10 062)

		Canada (N=1286)	France (N=2573)	Netherlands (N=2196)	Spain (N=1587)	Switzerland (N=2420)
HIV/HCV transmission mode # period	N	Deaths	aHR [95%CI]	aHR [95%CI]	aHR [95%CI]	aHR [95%CI]
MSM # Post-DAA [†]	3096	80	0.70 [0.31-1.59]	0.44 [0.19-1.00]	0.47 [0.24-0.92]	0.31 [0.07-1.32]
PWID # Post-DAA [†]	4059	473	1.73 [1.15-2.61]	0.81 [0.50-1.32]	0.88 [0.45-1.73]	0.94 [0.52-1.71]
Other # Post-DAA [†]	1746	116	1.29 [0.66-2.53]	0.40 [0.19-0.84]	0.81 [0.36-1.86]	0.62 [0.29-1.33]
						0.87 [0.40-1.89]

* Adjusted for sex, age, HIV/HCV transmission mode, advanced fibrosis/cirrhosis, and an interaction between HIV/HCV transmission mode # pre/post DAA availability. Abbreviations: PWID: People who inject drugs; MSM: Men who have sex with men; aHR: adjusted hazard-ratio.

References

- Croxford S, Kitching A et al. Mortality and causes of death in people diagnosed with HIV in the era of highly active antiretroviral therapy compared with the general population: an analysis of a national observational cohort. *Lancet Public Health*. 2017 Jan;2(1):e35-46.
- Carrat F, Fontaine H et al. Clinical outcomes in patients with chronic hepatitis C after direct-acting antiviral treatment: a prospective cohort study. *The Lancet*. 2019 Feb 11 [cited 2019 Mar 13];0(0)
- Janjua NZ, Wong S, Abdia Y, Jeong D, Buller-Taylor T, Adu P, et al. Impact of direct-acting antivirals for HCV on mortality in a large population-based cohort study. *J Hepatol*. 2021 Jun 4.

Acknowledgments: Sacks-Davis R, van Santen DK, Stewart A, van der Valk M, Rauch A, Berenguer J, Wittkop L, Klein M, Hellard M and the InCHEHC Study Group.