HCV AMONG CIRRHOTIC PEOPLE WHO USE/INJECT DRUGS (PWID): RESPONSE TO THERAPY AND LONG-TERM FOLLOW-UP

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Background: People who use/inject drugs (PWID) account for the largest proportion of incident and HCV infection in Canada. Many of these individuals remain undiagnosed or untreated and may already have advanced liver disease with a short-term risk of significant complications.

Methods: We conducted a retrospective chart review of all HCV-positive PWID who have received direct-acting antiviral (DAA) therapy at our centre, focusing specifically on those who were diagnosed with cirrhosis prior to treatment by transient elastography (FibroScan, or FS, >12.5 kPa). All patients received multidisciplinary care addressing medical, social psychological, and addiction-related needs.

Results: A total of 71 cirrhotic patients were included in this analysis: mean age 58 (35-78) years, 20% female, 20% HIV co-infected, 32% on OST, 6% homeless/unstably housed, and 39% with a psychiatric comorbidity, mean FS score 23.5 kPa. Of those who reached the SVR timepoint, 61/66 (92%) have achieved sustained virologic response (SVR_{12}). Two individuals are lost to follow-up (LTFU), 3 are engaged in treatment elsewhere, and 5 have completed treatment and are awaiting outcome measurement. For mean post-treatment long-term follow-up of 1.27 (0.04-6.23) years, available FS were 17.5 kPa ± 12.0. Hepatocellular carcinoma (HCC) occurred in 3 individuals, with no fatalities to date. There have been no cases of virologic failure documented in this cohort.

Conclusion: Our data demonstrate the continued need for prioritization of PWID in the treatment of HCV, with a proportion of these individuals requiring urgent treatment in the setting of advanced liver disease. Within our multidisciplinary program, high cure rates were achieved, and those developing HCC were readily maintained in care to address this new condition.

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