

UNDERSTANDING UNSUCCESSFUL DIRECT-ACTING ANTIVIRAL HEPATITIS C TREATMENT AMONG PEOPLE LIVING WITH HIV FROM THE INTERNATIONAL COLLABORATION ON HEPATITIS C ELIMINATION IN HIV COHORTS (INCHECH)

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Background

Historically, hepatitis C virus (HCV) was difficult to treat among people with HIV, however treatment with direct-acting antivirals (DAA) results in 90-95% of people being cured. There is a need to further understand why 5-10% are not successfully cured in order to ensure no one is left behind in HCV elimination efforts.

Methods

Data included people from Australia, Canada, France, the Netherlands, Spain, and Switzerland. People who had interferon-free DAA HCV treatment data recorded between 2014 and 2019 and \geq one HCV RNA test 12 or more weeks after end of treatment (EOT) were included in analyses. We used mixed-effects logistic regression to examine factors associated with unsuccessful treatment, defined as a positive RNA test at their first test 12+ weeks after EOT. Factors included in univariable analyses were key population group, years since HIV diagnosis, HIV viral load, CD4 cell count, HCV genotype, cirrhosis, and previous interferon-based HCV treatment. Factors significant at 90% in univariable analyses, and age, were included in multivariable analyses.

Results

Overall, 4554 people had DAA treatment data; the majority were gay or bisexual males (46%) or had a history of injection drug use (37%). Of these people, 4509 (99%) had HCV RNA test data recorded, and 3844 (85%) had a test 12+ weeks following EOT, ranging from 83% to 86% across population groups. Unsuccessful treatment was 5.5% (212/3844) overall, ranging from 4% to 8% across population groups (Figure 1). Adjusted for age and population group, a CD4 cell count between 200-350 cells/mm³ was the only factor associated with unsuccessful treatment (aOR 1.78, 95%CI 1.20-2.63) compared to a CD4 cell count >350 cell/mm³.

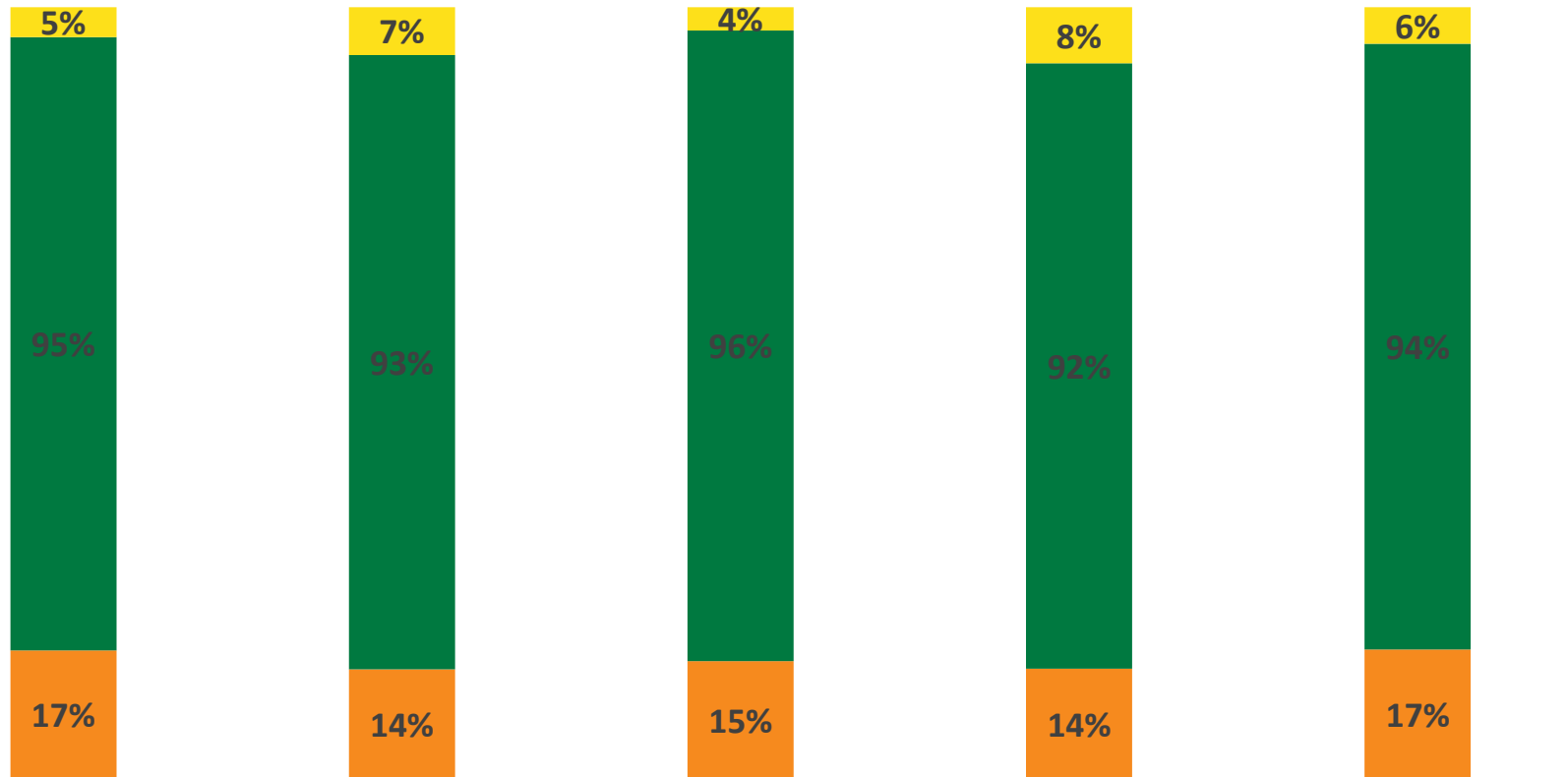
Conclusion

We found that 5.5% of people with an SVR12+ test were unsuccessfully treated with minimal difference across key populations. Extra support through HCV treatment may be warranted among people with markers of sub-optimal HIV treatment.

Disclosures

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Sustained Virological Response Testing and Treatment Outcomes by Key Population Group



Gay and bisexual males, n=2090

Males with history of injection drug use, n=1162

Females with history of injection drug use, n=498

Males with heterosexual or other exposure, n=371

Females with heterosexual or other exposure, n=316

■ No SVR12+ Test

■ Successful treatment

■ Unsuccessful treatment

Figure 1.