EXCELLENT EFFICACY OF DIRECT ACTING ANTIVIRALS (DAAS) FOR THE TREATMENT OF HEPATITIS C AMONG PEOPLE WHO INJECT DRUGS (PWID): EXPERIENCE FROM A LARGE EXPERTIZED GREEK CENTER

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Disclosure of Interest Statement
Nothing to disclose

Background
Treatment of hepatitis C among PWID, especially with DAAs, constitutes a significant target towards the elimination of the disease worldwide. We present data from an expertized liver clinic that manages PWID.

Methods
We included patients examined in our liver clinic who fulfilled the national criteria for DAA reimbursement (positive HCV RNA, fibrosis≥ F2 on Fibroscan). All were either active or ex- intravenous drug users. Most of them were integrated in detoxification or substitution programs. They were all treated with DAAs, according with the current guidelines targeting to sustained viral response 12 weeks after end of treatment (SVR12) was recorded.

Results
One hundred thirty five patients [122/135 males (90.3%), age 43 years (79±10)] were included. 103/135 (76.3%) received substitution treatment under the National Organization against Drugs (OKANA): 85/103 (82.5%) buprenorphine and 18/103 (17.48%) methadone. 23/135 (17.04%) were in other detoxification programs and 9/135 (6.67%) received no support. HCV genotype distribution was 1α: 17.04%, 1b: 12.59%, 2: 5.19%, 3α: 58.52%, 4: 6.67%. The DAA regimens were sofosbuvir/velpatasvir: 46.67%, sofosbuvir/velpatasvir+ribavirin: 10.37%, sofosbuvir/ledipasvir: 5.93%, sofosbuvir/ledipasvir+ribavirin: 1.48%, sofosbuvir+daclatasvir: 5.19%, sofosbuvir+daclatasvir+ribavirin: 5.19%, paritaprevir/ritonavir/ombitasvir+ribavirin: 2.96%, paritaprevir/ritonavir/ombitasvir+dasabuvir: 1.48%, paritaprevir/ritonavir/ombitasvir+dasabuvir+ribavirin: 6.67%, grazoprevir/elbasvir: 15.56%. From the 135 patients included, 90 (66.67%) completed antiviral treatment, 39 (28.89%) are still under treatment and 6 (4.44%) prematurely discontinued treatment. SVR12 rates for the first 54

patients who completed post-treatment follow-up was 100%. 5 out of 6 patients who discontinued treatment were under substitution programs; 4 achieved SVR12, 3 were treated with sofosbuvir/velpatasvir for 2 months and one with paritaprevir/ritonavir/ombitasvir+dasabuvir for 1 month. Those two who did not achieve SVR12, discontinued treatment during the first month and received grazoprevir/elbasvir and paritaprevir/ritonavir/ombitasvir+ribavirin, respectively.

Conclusion

Treatment of hepatitis C with new DAAs in expertized hepatology clinics shows excellent efficacy and high compliance in PWID.