

# FEASIBILITY, OUTCOME AND UPTAKE OF IFN-BASED AND IFN-FREE DAA HCV-TREATMENT IN OST PATIENTS IN SWITZERLAND – THE SAMMSU-COHORT

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## AIM

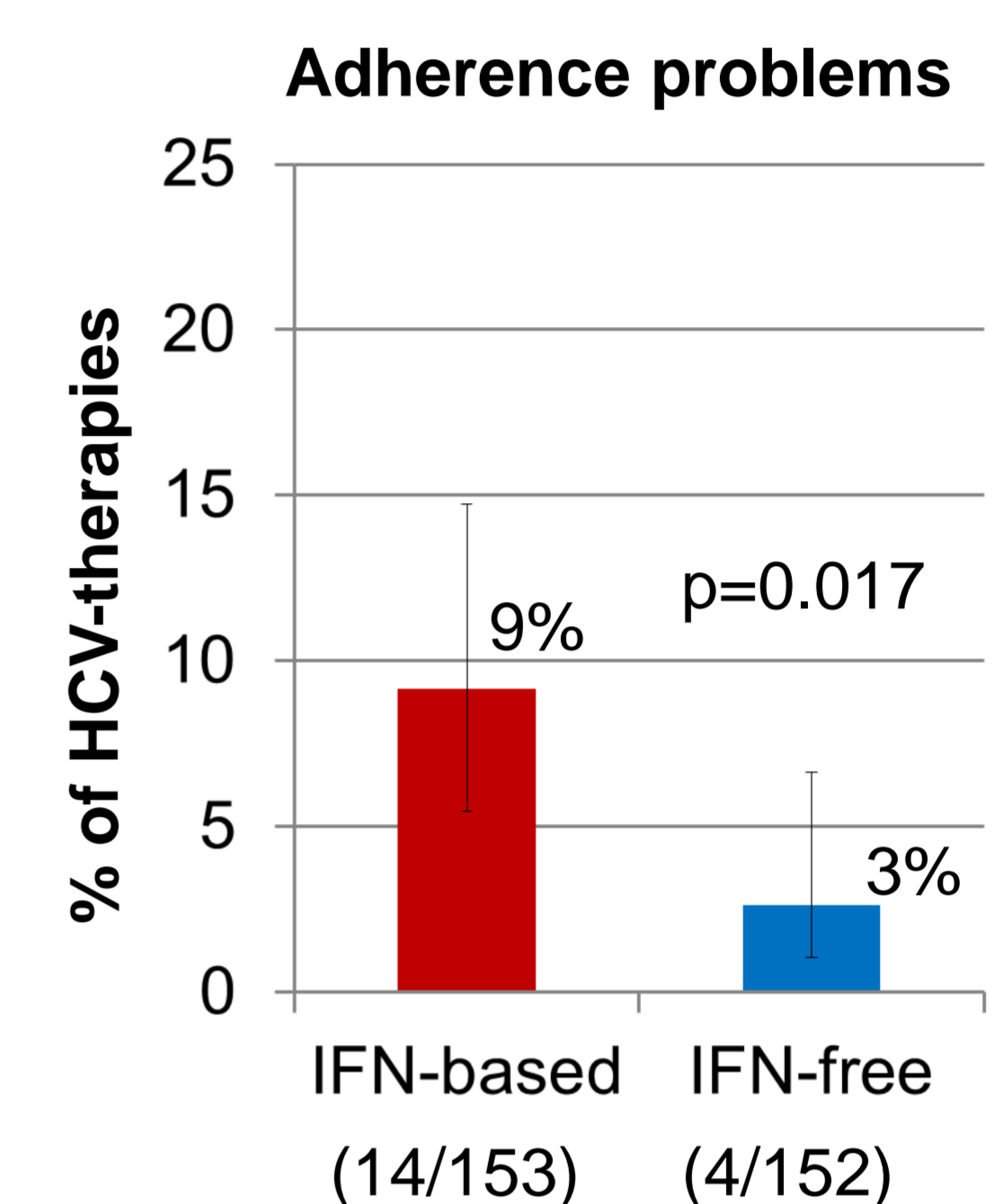
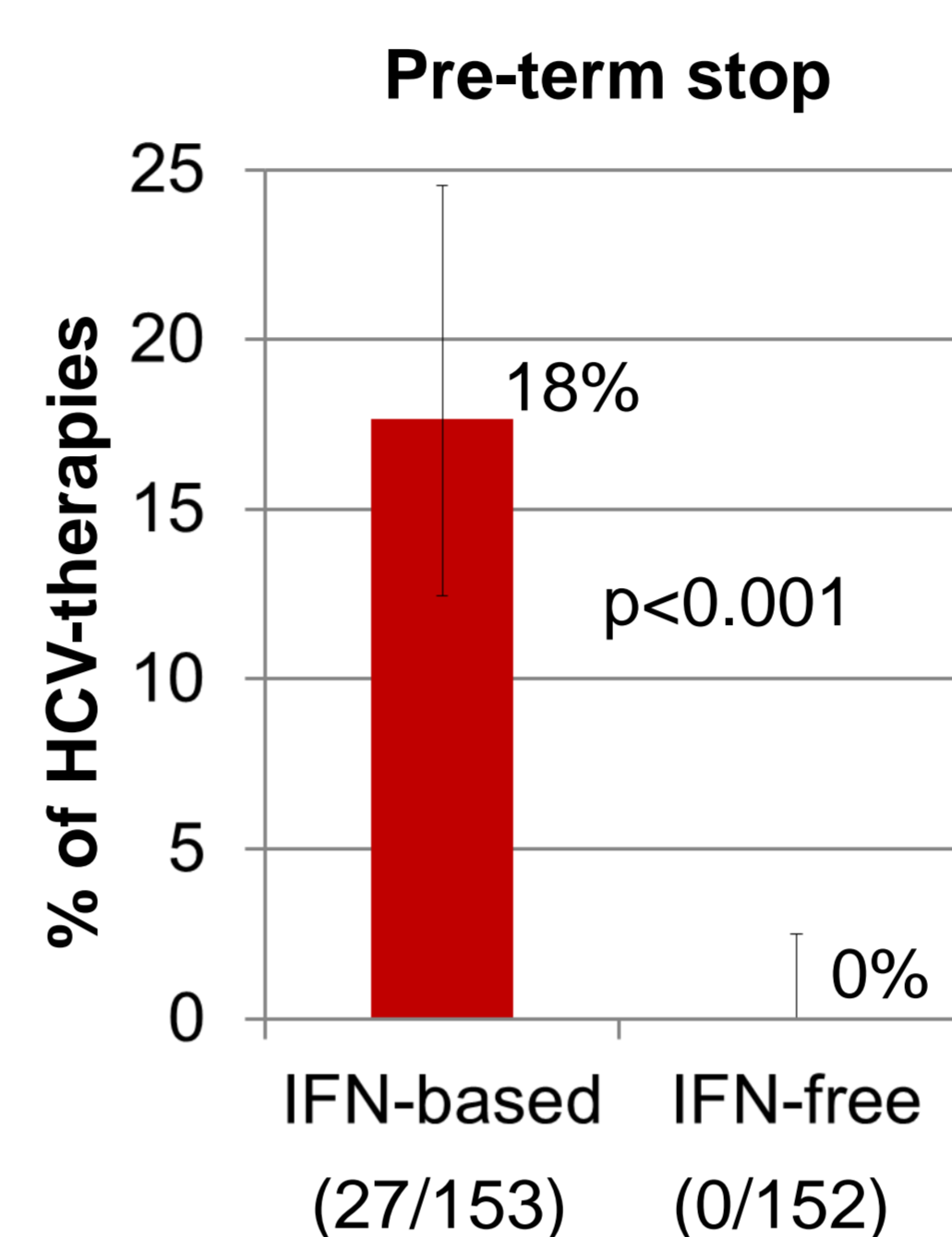
- The aim of our study was to describe feasibility, outcome and uptake of HCV-treatment in OST patients in Switzerland in the IFN-based and IFN-free Directly-acting agent (DAA) era of HCV-treatment.

## METHODS

- Between 2014 and 04/2018, the Swiss Association for the Medical Management in Substance Users (SAMMSU)-Cohort has enrolled 704 opioid substitution patients in eight centres throughout Switzerland.
- Data on 305 HCV-treatments was collected retrospectively at baseline and prospectively by yearly follow-up.

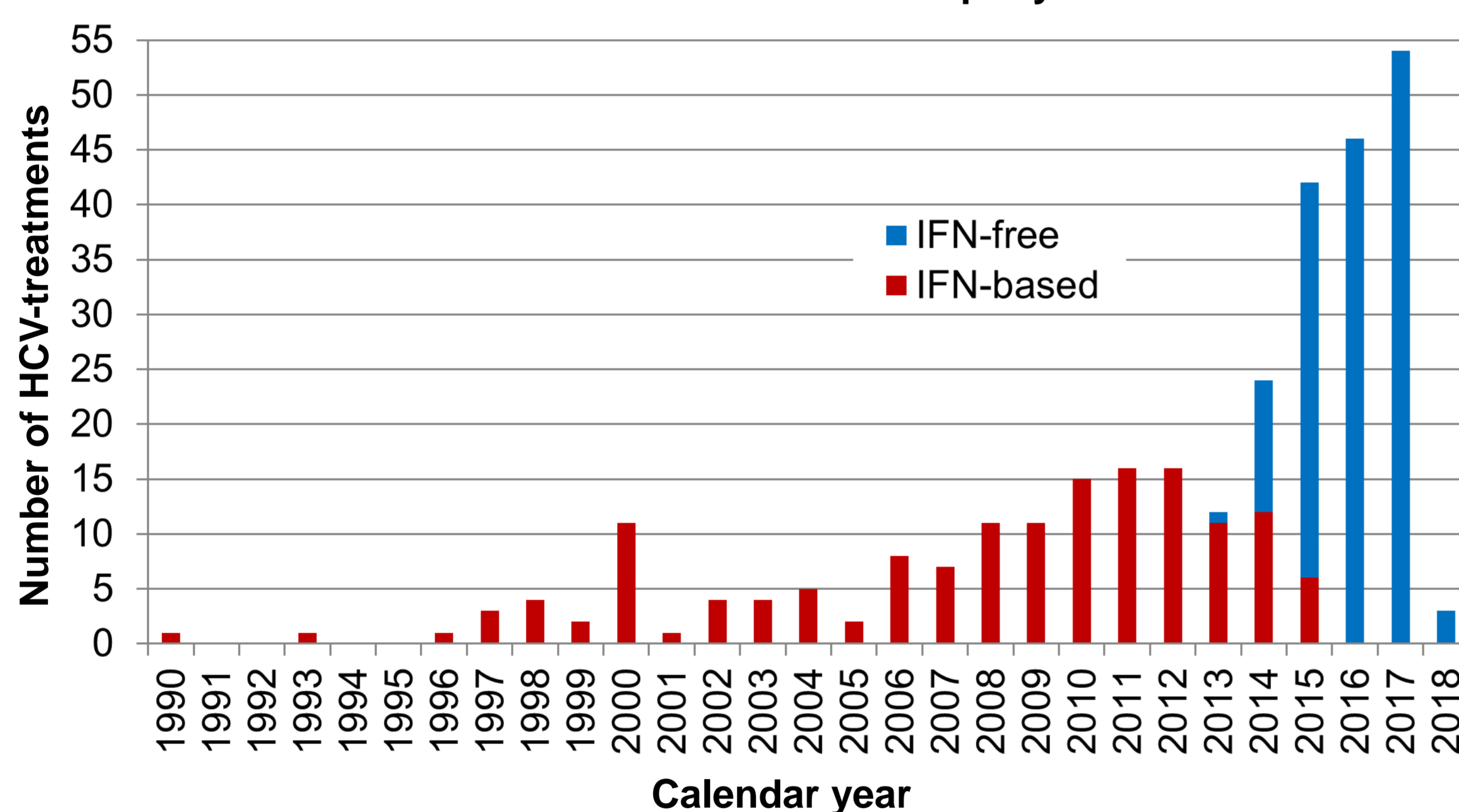
## RESULTS

- Of the total of 305 HCV-treatments, 153 were classified as IFN-based (including regimens containing boceprevir, telaprevir or sofosbuvir) and 152 as IFN-free. 60 HCV-treatments (37 IFN-based and 23 IFN-free) were in HIV-coinfected patients.

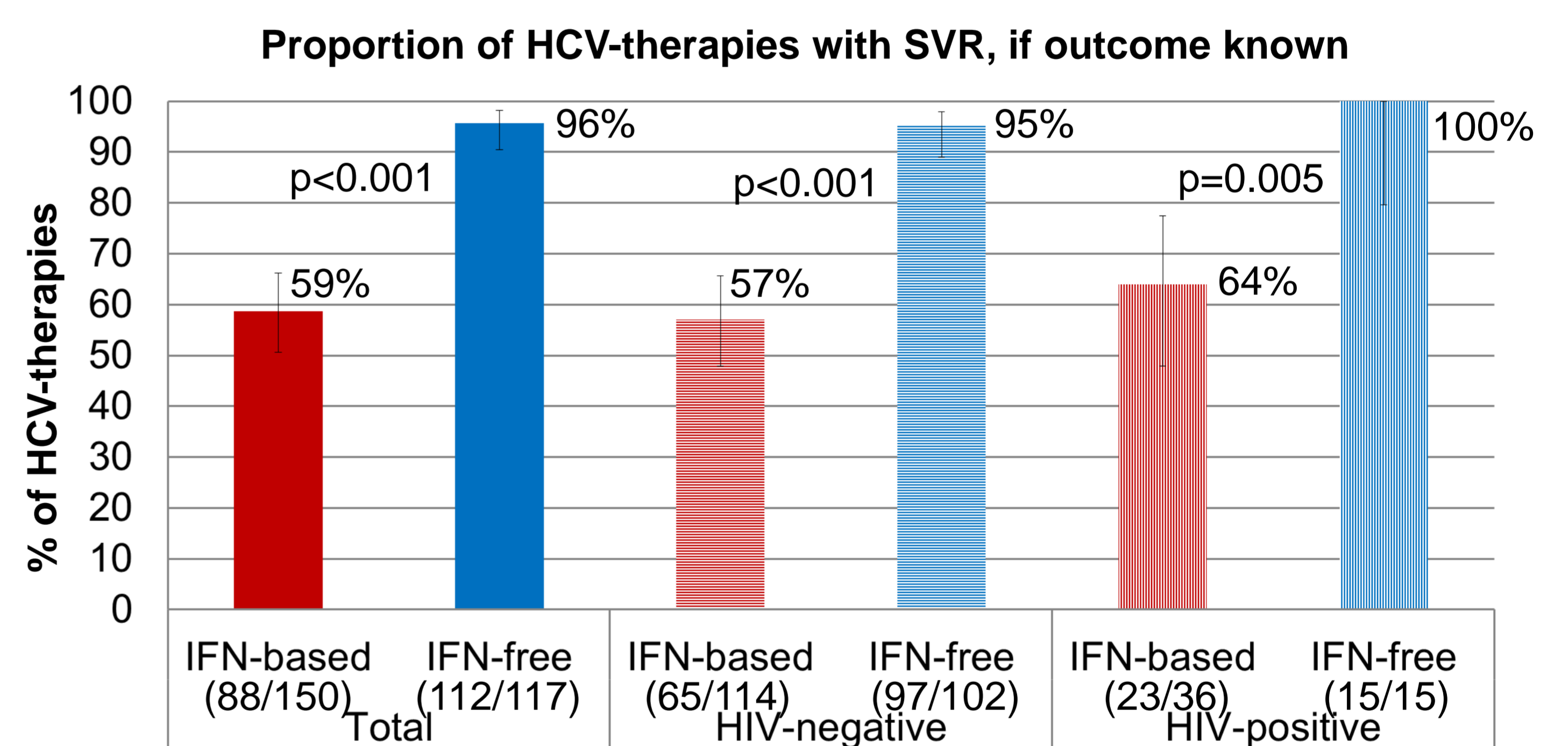


- The proportion with pre-term stop (mainly toxicity-driven) decreased from 17.6% to 0% and adherence problems from 9.2% to 2.6%.

Number of HCV-treatments per year



- Until 2012, all HCV-treatments were IFN-based. From 2016 onwards, all were IFN-free.
- In the IFN-based era (even after the introduction of the first HCV-protease inhibitors in 2011), maximal 16 patients were treated per year. This number increased to 46/year in 2016 and 54/year in 2017 with IFN-free DAA-treatment.

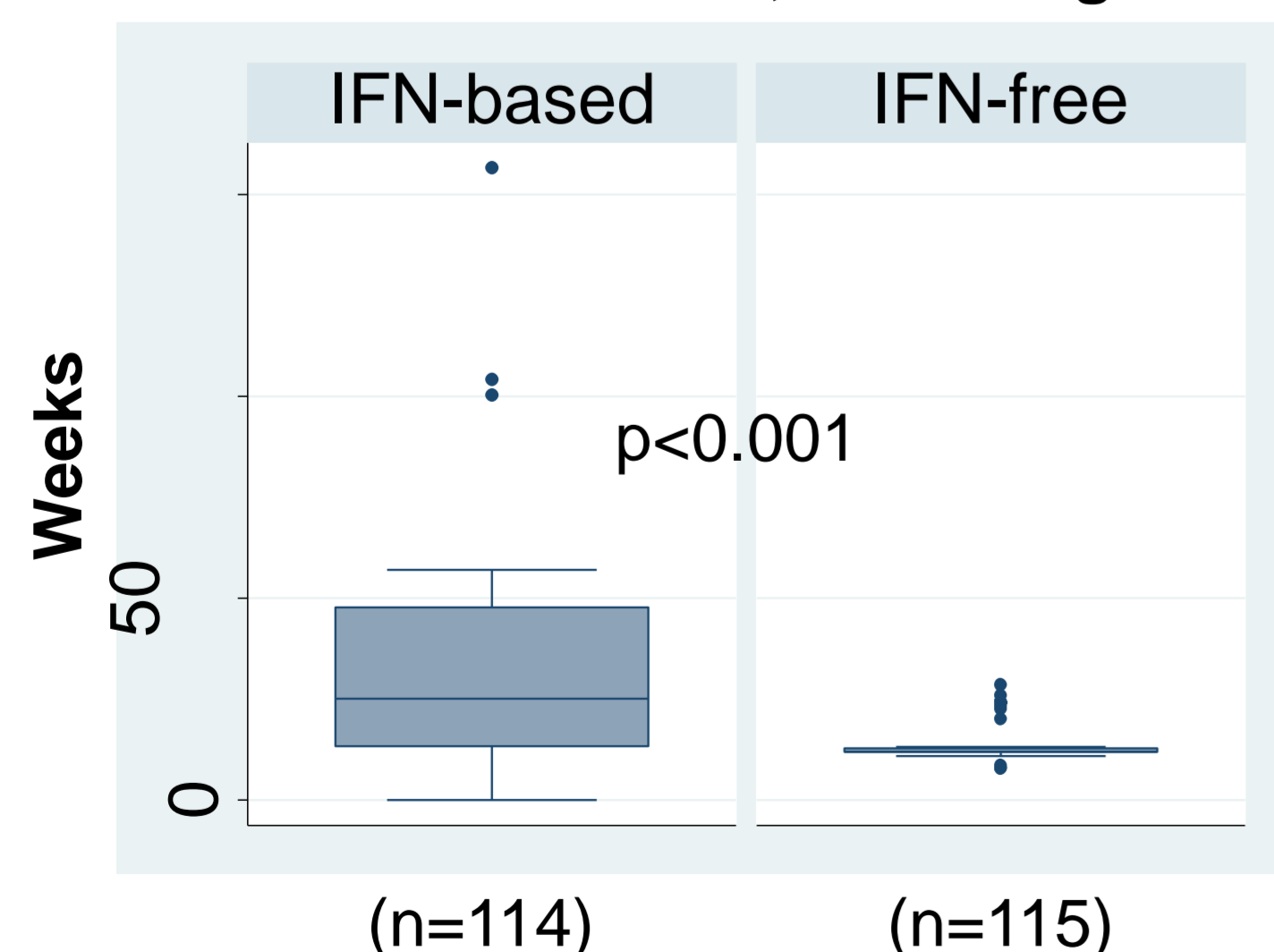


- Sustained virological response (SVR) increased from 58.7% to 95.7%, with no significant difference between HIV-positive and -negative patients.

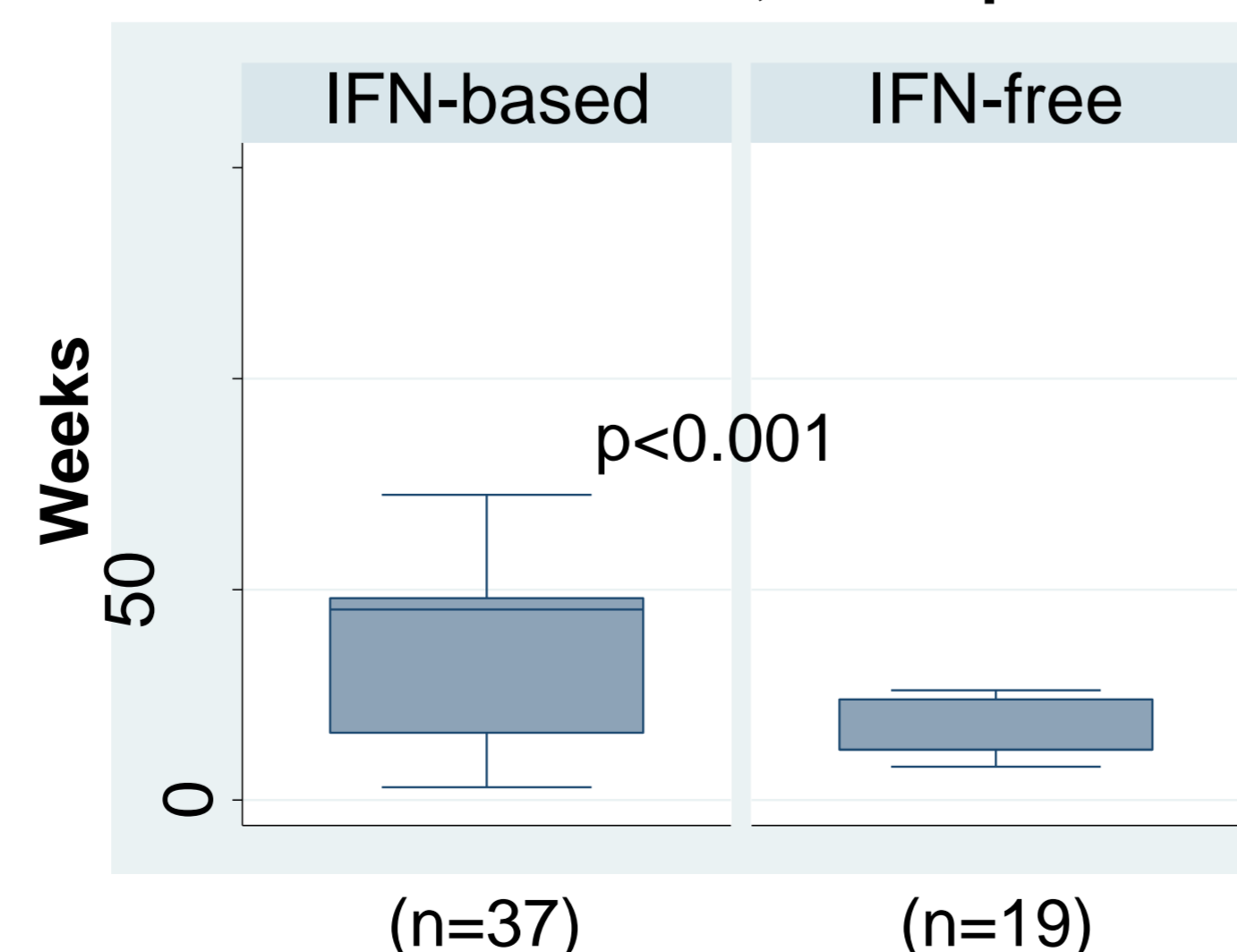
## CONCLUSIONS

- In the IFN-free DAA era with better tolerable drugs and 50-75% shorter treatment, adherence problems have become rare and pre-term stops virtually non-existent.
- SVR went up to ≥95% irrespective of HIV-status.
- So far, treatment-uptake has increased threefold.
- Omission of reimbursement restrictions (≥F2-fibrosis until 05/2017; prescription only by gastroenterologists/infectious disease specialists and addiction medicine specialists until now) has the potential for further treatment rate increase.

Treatment duration, if HIV-negative



Treatment duration, if HIV-positive



- Median treatment duration decreased from 25.2 weeks in HIV-negatives and 45.3 weeks in HIV-positives to 12 weeks for both.

## ACKNOWLEDGEMENT/SPONSORING

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