A COMPARISON OF SOFOSBUVIR/VELPATASVIR (S/V) AND GLECAPREVIR/PIBRENTASVIR (G/P) FOR THE TREATMENT OF HCV INFECTION AMONG HCV-INFECTED PEOPLE WHO USE DRUGS (PWUD)

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Background:

To eliminate HCV infection as a public health concern by 2030, we will require comprehensive treatment programs among key populations such as PWUD. Two highly effective regimens are available for initial therapy: S/V given as one tablet daily for 12weeks; G/P given as 3 tablets/day for 8weeks. Data evaluating safety, efficacy and factors determining a choice of regimen in a single population of PWUD is limited.

Methods:

Through outreach events conducted in the inner city, viremic individuals were identified and offered HCV treatment within a multidisciplinary program to meet their medical, social, psychiatric, and addiction-related needs. All patients (except cirrhotic) were offered either regimen. Their choice was honored; unless there were contraindications to doing so. This analysis correlates treatment choice, safety, efficacy, and other outcomes among the last 100 sequential individuals having selected S/V or G/P in whom a definite outcome of therapy has been ascertained.

Results:

Of the 200 subjects, we note median age 46(22-81) years, 29.5% female, 18% indigenous, 95% active drug use(81% fentanyl). In comparing baseline characteristics of those receiving S/V and G/P, there were no key differences in age/sex/race/drug use; 15% >F2 in both groups. Overall, 96 and 97 patients completed therapy on S/V and G/P, with 4 and 3 participants respectively experiencing relapse and all others being cured(SVR12 rates of 96% and 97% with S/V and G/P respectively). There was a total of 3 drug overdose deaths in those who initiated treatment, 2 and 1 on S/V and G/P.

Conclusion:

Our data suggests equivalently high cure rates can be achieved with either S/V or G/P with no difference in adverse events when offered in parallel in programs such as ours. This increased flexibility and our ability to honor patient choice will enhance our ability to engage larger numbers of PWUD in curative HCV therapy.

Disclosure of interest Statement:

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