IS THE AVAILABILITY OF DIRECT ANTIVIRAL AGENTS (DDAS) ENOUGH TO TREAT CHRONIC HEPATITIS C (CHC) AND ACHIEVE HCV ELIMINATION AMONG PEOPLE WHO USE DRUGS (PWUD)? WHAT DO THE REAL WORLD DATA SUGGEST?

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Background:
Several prospective and post hoc analyses have clearly showed that PWUD with Chronic Hepatitis C (CHC) who are treated with DDAs achieve similar SVR rates with non-PWUD. Expansion of DAAs availability in real life offers an opportunity to identify factors related to treatment acceptability, initiation and adherence of the affected population.

Methods:
We retrospectively analyzed data of a PWUD cohort with CHC in two OST clinics (130 buprenorphine and 270 methadone patients in total). DDAs were offered to all patients fulfilling national reimbursement criteria (1/2016-6/2017: F≥10kpa and 7/2017-12/2017: F≥7kpa). Treatment was provided by a multidisciplinary team. All patients visited hepatologist at outpatient Liver Unit while internist, nurse and therapist were located at the OSTs.

Results:
Overall 104 consecutive PWUD fulfilled national reimbursement criteria for DAAs (mean age:50.7±8.7, 89.4% males, 66.3% methadone, 12.5% HIV(+), median fibrosis score 10.7kpa, 45.2% with evidence of cirrhosis, G1:21.2%., G2:1.2%, G3:58.8% and G4:18.8%). Treatment was initiated in 71/104(68.3%) patients. Treatment regimens used: VEL/SOF±RBV(32), SOF+DCV±RBV(10), EBR/GZR(3), 2or3D±RBV(16), SOF/LDV±RBV(5). Reasons for not initiating treatment were patients' personal decision (51.5%), inability to comply with the pretreatment procedures (18,2%), decision-making physician other than hepatologist (18.2%), other health related priorities (6.1%), and imprisonment (6.1%).
In the multivariate analysis treatment initiation was associated positively with cirrhosis (OR:4.81, 95%CI 1.72-13.48, p=0,003) and negatively with continuing use of benzodiazepines(BZ) with or without heroin (OR:0.26, 95%CI 0.07-1.00, p=0,049).
Identification of factors affecting compliance was not possible due to small numbers of patients who discontinued treatment [8/71(11.3%): 6 patients' personal decision, 1 imprisonment, 1 no liver related death].

Conclusion:
In the real world setting a proportion of PWUD with CHC do not initiate treatment despite DDAs availability; more efforts are needed to improve acceptance of treatment among PWUD. Indentifying factors affecting treatment acceptability and adherence might help in planning targeted actions in the context of the HCV microelimination strategy.