

BARRIERS TO HEPATITIS C TREATMENT PERSIST FROM THE INTERFERON-ERA

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Background: During the interferon-era, there were significant barriers to HCV treatment, especially for patients with substance use disorder. With the introduction of direct acting antivirals (DAAs), HCV cure rates have improved. We aimed to evaluate disparities in HCV treatment initiation for patients at the West End Clinic at MGH, a clinic for patients with substance use and psychiatric disorders, by following a single cohort through both the pre- and post-DAA eras.

Methods: This sample includes 141 consecutive HCV+ patients who were seen at the West End Clinic from 2008-2010. Descriptive statistics were calculated for patient demographics and logistic regression analysis was performed to determine predictors of HCV treatment.

Results: The mean patient age was 50.6 years (SD=11.6). The majority was male (71.6%), white (92.1%), heterosexual (93.2%), unmarried (90.8%), and received income (70.4%). The most frequently used substances at baseline were alcohol (95.7%), cocaine (84.4%), marijuana (83.0%), heroin (79.4%). There were 108 patients with chronic HCV. Spanning both eras, only 56 patients with chronic HCV (51.9%) received HCV treatment. During the interferon era, 26 of 108 (24.1%) patients with chronic HCV were treated with an SVR rate of 42.3%. Once the modern DAA era began in January 2014, 35 of 74 (47.3%) active patients with chronic HCV were prescribed DAAs with an SVR rate of 82.9%, including 5 patients who failed interferon therapy. The main predictor of HCV treatment was older age (OR=1.05, p=0.05). Predictors of lack of HCV treatment included a history of IVDU (OR=0.08, p=0.02) and homelessness (OR=0.30, p=0.05).

Conclusions: Despite access to specialists and antiviral treatment, barriers to HCV treatment during the interferon era persist in the DAA era. Patients who were younger, homeless, or had prior IVDU were less likely to receive HCV treatment. Future efforts at HCV elimination in Massachusetts should focus on these patient populations.

Disclosure of Interest: None