

LOSS TO FOLLOW-UP AMONG PWID RECEIVING HCV TREATMENT: PREDICTORS AND INTERVENTION STRATEGIES

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BACKGROUND

A higher rate of loss to follow-up (LTFU) is observed among the people who inject drugs (PWID) receiving treatment for HCV infection. Our aim is to assess the impact of LTFU on achievement of SVR12 among HCV-infected PWID receiving DAA-based therapy at our centre, to define the target LTFU population and to design interventions to reduce its impact on successful HCV treatment outcomes.

METHODS

We conducted a retrospective study of patients receiving DAA therapy at our centre between 03/13-12/17. The primary outcomes of this analysis was the frequency of LTFU and its impact on our ability to achieve and measure SVR. Our centre implemented a multidisciplinary strategy to address LTFU when it occurred. Chi Square and logistic regression analysis were used to compare variables and to evaluate predictors of LTFU using SPSS V24.



CONCLUSION

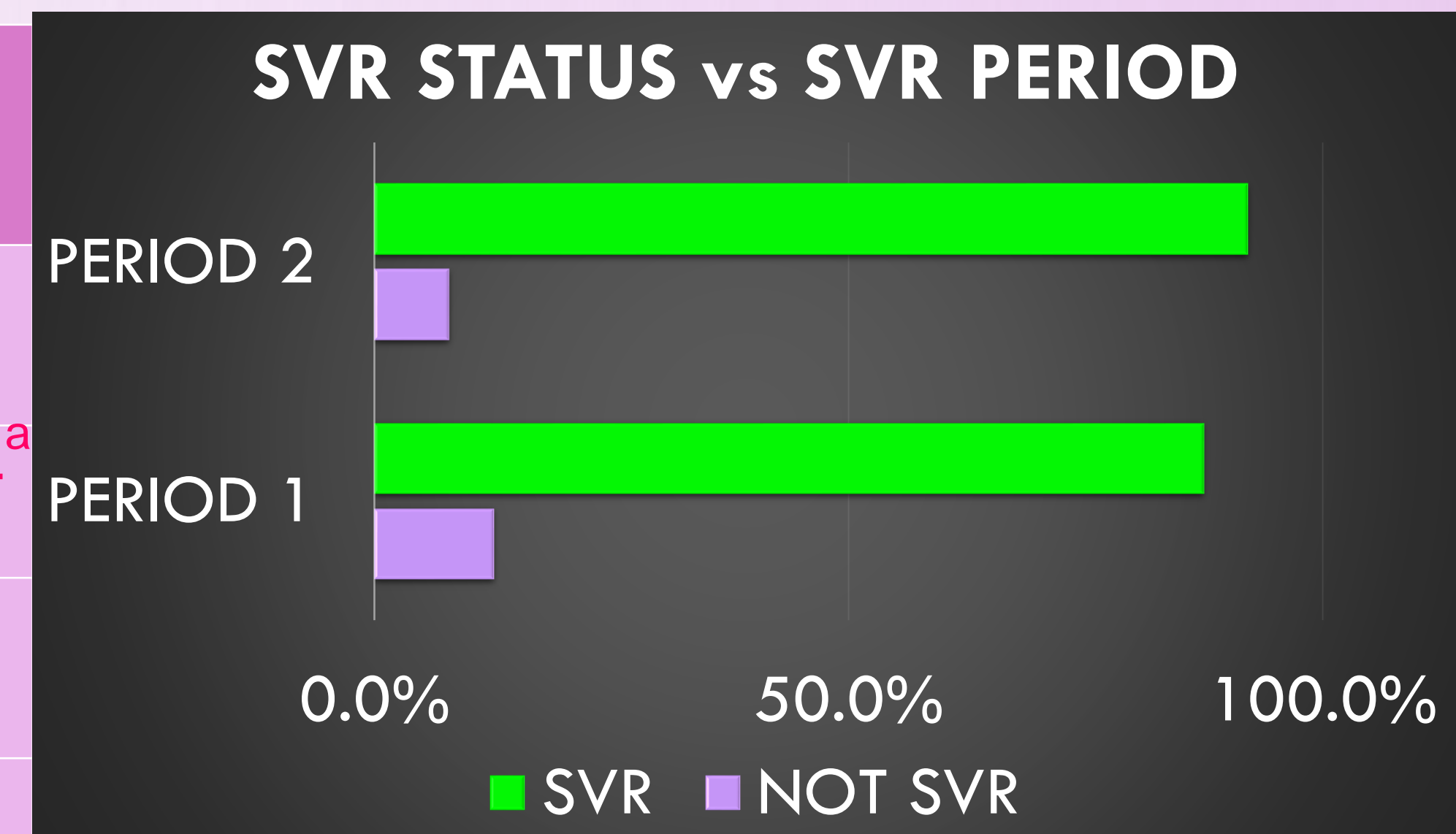
LTFU is a barrier among PWID population in the process to eliminate hepatitis C by 2030. Unstable housing is found to be the main driving factor of LTFU. Active strategies such as those we have implemented can significantly reduce the LTFU rate.

MAIN RESULTS

- 191 participants were included in this analysis
- 73% males & 92% active or remote drug users
- 24% living in instable housing.
- We had 13 LTF on SVR confirmation date (period 1). After implementation of follow up strategies, we reduced the LTF to four (period 2). This increased the documented SVR12 rate from 87.4% to 92.1%, $p=0.004$).

SVR STATUS vs SVR PERIOD Chi-Square Test		
	Value	Exact Sig (2-sided)
McNemar Test		0.004 ^a
N of Valid Cases	191	

a. Binomial distribution used.

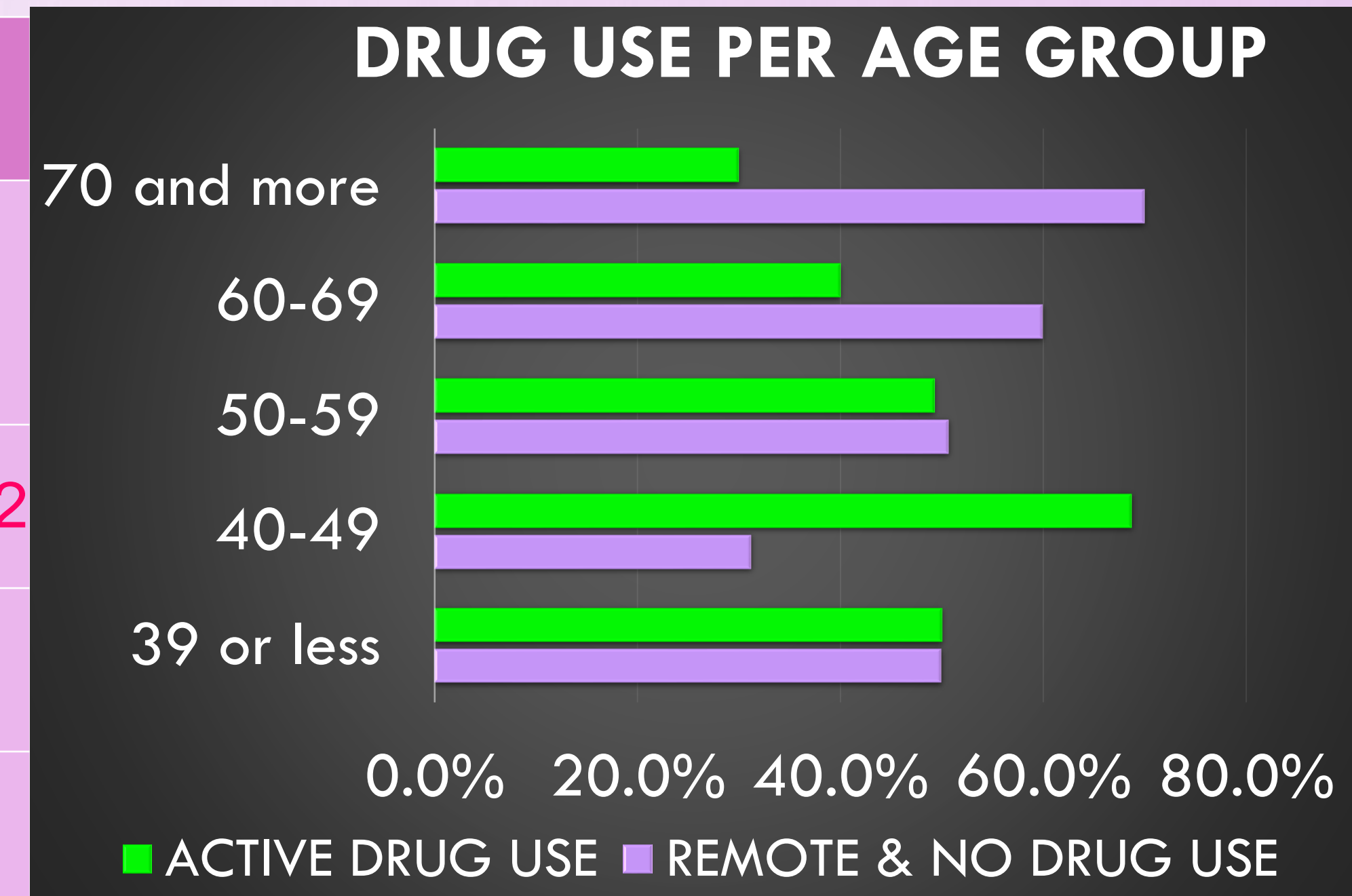


PERIOD 1: on SVR confirmation date
PERIOD 2: after SVR confirmation date

- We found more active drug users among 40-49 years old ($p=0.032$)

DRUG USE per AGE GROUP Chi-Square Test			
	Value	df	Asymptotic Significance (2-sided)
Likelihood Ratio	10.5	4	0.032
N of Valid Cases	191		

a. 1 cells (10.0%) have expected count less than 5



- Unstable housing and age group 40-49 were found to be the significant LTF risk factors [OR 5.06; CI 95% (1.76-14.54); $p= 0.003$ and OR 4.97; CI 95% (1.86-13.29); $p=0.001$ respectively].

SVR LOGISTIC REGRESSION MODEL					
	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
CIRRHOIS	1	0.194	2.323	0.652	8.278
HOUSING	1	0.003	5.068	1.766	14.548
COINFECTION	1	0.128	2.931	0.734	11.709
GENDER	1	0.117	0.426	0.147	1.236
GENOTYPE 1A	1	0.192	2.144	0.682	6.745
AGE GROUP 40_49	1	0.001	4.979	1.865	13.294
ACTIVE DRUG USER	1	0.465	1.471	0.523	4.137
Constant	1	0.081	0.161		

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