FACTORS CONTRIBUTING TO HCV TREATMENT FAILURE AND SUCCESSFUL RETREATMENT IN PEOPLE WHO USE DRUGS

Authors:
Vera T[1], Guzman M[1], Soloway I[1], Joseph G[1], Agyemang L[1], Schwartz J[1], Akiyama M[1], Litwin AH[2-4]
[1] Montefiore Medical Center, Bronx, NY, USA
[2] University of South Carolina, School of Medicine Greenville, Greenville, SC, USA
[3] Clemson University School of Health Research, Clemson, SC, USA
[4] Prisma Health-Upstate, Greenville, SC, USA

Background: Although HCV treatment with DAAs leads to high SVR rates in people who use drugs (PWUD), a minority fail antiviral treatment. Leveraging a multidisciplinary team, we investigated reasons why PWUD failed DAA treatment and optimal retreatment strategies.

Methods: Chart reviews were performed for HCV-infected PWUD enrolled within an opioid agonist treatment program in the Bronx, NY who failed combination DAA regimens between January 2015 and October 2018. A multidisciplinary team, consisting of primary care providers, counselors, case managers, and specialists in addiction medicine, infectious diseases, and hepatology, reviewed each case using a structured instrument outlining potential reasons for failure, as well as retreatment strategies and outcomes.

Results: Among 350 PWUD treated with combination DAAs, 13 had confirmed treatment failures: ledipasvir/sofosbuvir (n=7), elbasvir/grazoprevir (n=4), and daclatasvir/sofosbuvir (n=2). Patient characteristics included age (mean=52.7 years), cirrhosis (n=4), unstable housing (n=7), mental illness (n=6), recent drug use (n=11), and drug or alcohol use during treatment (n=8). Potential reasons for treatment failure included poor adherence (n=7), inadequate liver staging (n=3), provider nonadherence to AASLD treatment guidelines (e.g. treating patients with cirrhosis or black race with ledipasvir/sofosbuvir for only 8 weeks; n=2), inadequate case management for PWUD with comorbidities (n=3), and patient reluctance to initiate treatment (n=2). Nine patients were retreated with either sofosbuvir/velpatasvir/voxilaprevir (n=8) or glecaprevir/pibrentasvir (n=1), and the other 4 were lost to follow-up (n=2), ineligible for treatment (n=1), or declined (n=1). Overall, 6 achieved an end of treatment response including 4 with a sustained virological response. One patient died from diabetes and one was lost to follow-up. Successful patient-centered shared decision-making retreatment strategies included not requiring DOT with prior poor adherence (n=2); collaboration with outside providers (n=1); and flexible DOT (n=2). Two successful retreatment cases will be highlighted.

Conclusion: PWUDs who fail DAA treatment can be successfully retreated leveraging patient-centered shared decision-making strategies.

Disclosure of Interest Statement*:*
The conference collaborators recognize the considerable contribution that industry partners make to professional and research activities. We also recognize the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. Currently, Alain Litwin serves on the advisory board for Gilead Sciences, Inc. and Merck & Co. advisory board and also has been awarded grants from Gilead Sciences, Inc. and Merck & Co.