

## **EFFECT OF ILLICIT DRUGS CONSUMPTION MEASURED BY HAIR ANALYSIS ON ADHERENCE AND EFFICACY OF RAVIDASVIR PLUS SOFOSBUVIR IN ASIAN ADULTS WITH CHRONIC HCV**

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### **Background**

Active use of illicit drugs, prevalent in population infected with the hepatitis C virus (HCV), is a risk factor for reduced adherence to chronic treatment regimens, which can lead to reduce efficacy. Analysis of hair samples allows evaluation of the consumption of opioids, amphetamines, methadone and other drugs.

### **Method**

Hair samples taken at the end of treatment (EOT) in the STORM-C-1 Phase II/III study of ravidasvir plus sofosbuvir in chronic HCV-infected subjects ( $\pm$ HIV) in Malaysia and Thailand were analysed by mass spectrometry with the objective of assessing the effect of drug use on adherence to the treatment regimen and efficacy. The impact of illicit drugs use during the 12-24-week treatment was assessed by drug type (opioids, amphetamines, methadone, other drugs) and frequency of use. Two centimeters of hair sample were collected which corresponds to 2 months of cumulative use. Chronic and occasional use was based on the hair levels over these 2 months.

### **Results**

EOT hair samples were obtained for 231/301 subjects (76.7%). Some use of illicit drugs during the study treatment period was observed for 119/231 (51.5%), of whom 59 (25.5%) were shown to be chronic users.

Compliance with the study drugs was high among the chronic users (mean 99.5%, SD 2.3%). All 59 chronic drug users achieved sustained virological response 12 weeks after EOT (SVR12). Hair samples were obtained for three of the five virological failures in the study. No illicit substances were detected for two of the subjects, while the third was an occasional user of illicit drugs.

### **Conclusion**

Adherence to study treatments among confirmed chronic users of illicit drug was excellent in this population of Asian adults with chronic HCV. Based on available data, there was no association between chronic use of illicit drugs and failure to achieve SVR12 in this potentially higher risk population.

**Disclosure of Interest**

None