HCV IN THE AUSTRALIAN PRIMARY CARE SETTING: REAL WORLD EFFECTIVENESS OF 12 WEEKS OF SOFOSBUVIR/VELPATASVIR FOR THE TREATMENT OF CHRONIC HEPATITIS C

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Background:
In phase 3 clinical trials and multiple large real world data cohorts, the simple pan-genotypic pan-fibrotic single tablet regimen sofosbuvir/velpatasvir (SOF/VEL) achieved high SVR rates across all genotypes and fibrosis stages with favorable safety and tolerability. The World Health Organization has set HCV elimination targets to be achieved by 2030. The availability of pan-genotypic panfibrotic direct-acting antiviral drugs, simplification of treatment and management, and decentralization of patient care are key to reaching these targets. In Australia, at least 30% of HCV treatment is initiated in primary care however limited clinical outcome data are available in this setting. This real world data cohort assesses the effectiveness of a 12 week SOF/VEL regimen in treating chronic HCV patients exclusively in primary care.

Methods:
Data from four primary care clinic cohorts are included in this integrated analysis. Patients enrolled in the cohorts were treated according to the local standards of clinical care. Data on all HCV patients who were treated with 12 weeks of SOF/VEL were extracted from each cohort database. Patients with a history of decompensation, prior exposure to an NS5A inhibitor, treatment duration >12 weeks or concomitant ribavirin use were excluded from the analyses. Demographics, reasons for non-SVR and model of care utilized were assessed. All patients receiving SOF/VEL with virologic outcome data available at the time of abstract submission, sustained virologic response (SVR; ≥12 weeks after end-of-treatment) was assessed.

Results:
SOF/VEL treatment initiation was identified for 161 patients. Demographics and SVR data will be presented as an integrated analysis for this cohort. An interim analysis, for patients with currently available virological outcome data, SVR12 was achieved in 94% of patients. Patient demographics including percentage of those with a history of injecting drug use will be presented. All 161 patients were initiated on SOF/VEL in primary care by a mixture of General Practitioner (GP) led (90%) and Nurse led (10%) clinics.

Conclusions:
A 12 week pangenotypic and panfibrotic treatment regimen of SOF/VEL shows high SVR12 rates of 94% in chronic HCV patients treated in GP or nurse led clinics in Australia. This multi-center cohort is one of the first to show the feasibility and effectiveness of treating chronic HCV patients in Australian primary care settings.

Disclosure of Interest Statement:
Drs O'Loan, Balcomb, Poliness and Young have received funding from Gilead Sciences. No pharmaceutical grants were received in the development of this study.