

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

Authors:

Thiam A¹, Conway B¹, Yung R¹, Parsons R¹

¹ Vancouver Infectious Diseases Centre

Background:

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

Methods:

A retrospective study of PWUD receiving DAA-based therapy at our center between 03/14-12/17 was undertaken. The primary outcome was evaluation of patients LTFU at the SVR12 time point, evaluation of its correlates and its effect on achievement of SVR12. Chi Square and logistic regression analysis were used to compare variables and to evaluate LTFU predictors respectively through SPSS V24.

Results:

We included 191 participants, 73% males and 24% with instable housing. There were 13 LTFU (6.8%) at the SVR12 time point. By strict ITT analysis, the SVR12 rate was 87.4% (167/191). After implementation of follow up strategies, we reduced the number of LTFU to five (2.6%), the SVR12 rate becoming 91.6% (175/191). Unstable housing was the only significant LTFU predictor at any time point [OR 5.01; CI 95% (1.90-13.21); p= 0.001] with lower SVR 12 rates (73.3% vs. 91.8%, p < 0.001). It remained so when strategies were implemented to reduce LTFU rates (82.2% vs. 94.5%, p = 0.026). The active or remote use of any kind of drug was not a predictor.

Conclusion:

Unstable housing was the only predictor of LTFU in our cohort of HCV-treated PWUD. Specific strategies to seek out LTFU patients served to re-integrate the majority of patients in care but did not completely mitigate the influence of housing on LTFU. Specific programs to address housing within the context of providing medical care may help improve the outcomes of treatment in this key population.

Disclosure of Interest Statement:

Dr Thiam has not received funding or pharmaceutical grants in the development of this study.