MORBIDITY AND MORTALITY IN HCV-INFECTED PEOPLE WHO USE DRUGS (PWUD): BEYOND THE SVR12

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Background: In Canada there are approximately 250,000 individuals currently infected with hepatitis C. People who use drugs (PWUD) are amongst those with the highest risk of HCV infection with approximately 66% of PWUDs known to be HCV antibody positive. The medical system can be used as a lever to treat HCV as well as maintain long-term engagement in care to promote safer drug using behavior and provide addiction care.

Methods: A retrospective cohort evaluation was conducted among active/remote PWUD who completed HCV treatment at our centre. All were enrolled in a multidisciplinary program of care to address medical, social, psychological and addiction-related needs. In this analysis, we report baseline demographics, HCV liver related complications, reinfection and mortality.

Results: 381 active/remote PWUD who achieved HCV cure (SVR12) at our centre are included in this analysis. Key demographics include: mean age 54 years, 22% female, 27%/21%/25% opioid/amphetamine/cocaine use, 41% opiate substitution therapy, 14% homeless, and 49% with a diagnosed psychiatric condition. Mean fibrosis score improved from 11.09 kPa at baseline to 8.15 kPa at SVR12. In median follow-up of 2.6 years, there have been 4 cases of hepatocellular carcinoma (HCC), all among cirrhotics. There have been 7 cases of HCV reinfection (0.63 per 100 person-years) and 5 deaths post HCV treatment. One death was due to hepatocellular carcinoma and three to non-liver related complications. One single death was due to a drug overdose, where based on the drug use behavior of the cohort, 46 would have been expected.

Conclusions: We examined active/remote PWUD who have achieved HCV cure. HCC continues to occur at a rate comparable to that reported among non-PWUD cirrhotic patients. This underscores the need to design systems to maintain PWUD in follow-up for HCC screening after SVR12. Long-term engagement in care also appears to reduce the rate of HCV reinfection and opioid-related mortality.

Disclosure of Interest: none