COMPARISON OF RATES OF RECURRENT HCV VIREMIA IN HIGH-RISK PATIENTS RECEIVING ALL-ORAL AND INTERFERON-BASED REGIMENS

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Background: With the development of novel all-oral regimens for the treatment of Hepatitis C Virus (HCV) infection, vulnerable populations have an increased opportunity to access treatment due to improved tolerability and sustained virologic response (SVR) rates. However, many providers remain reluctant to engage people who inject drugs (PWID) in care due to concerns of recurrent viremia. In this analysis, we seek to measure rates of recurrent viremia to test the hypothesis that all-oral regimens, given over a shorter period of time and requiring less medical intervention, may result in higher ongoing risk behaviors after HCV treatment and higher rates of recurrent viremia.

Methods: This study was conducted among successfully treated HCV-infected patients attending a tertiary clinic in Vancouver, Canada. The endpoint of this analysis was the occurrence of recurrent viremia post-SVR, comparing those who received all-oral and interferon-based therapy, with measurement of HCV RNA every 6 months, or as clinically indicated.

Results: To date, 81 patients achieving SVR (43 & 38 receiving all-oral regimens and interferon-based regimens, respectively) have been analyzed. Within the all-oral cohort, 79% were male, 84% were genotype 1a/b, 70% were active PWID during HCV treatment, and 35% were on opiate substitution therapy. In one year of follow-up, there were no cases of recurrent viremia. Within the interferon cohort, 89% were male, 68% were genotype 1a/b, 79% were active PWID during HCV treatment, and 39% were on opiate substitution therapy. Matching for period of follow-up post HCV treatment, 4 cases of recurrent viremia were observed.

Conclusion: To date in our centre, the use of all-oral treatment modalities has not been associated with an increase in recurrent viremia post-SVR in high-risk patients. This provides further support for expanded HCV outreach and treatment programs within this population, optimally within multidisciplinary programs such as ours.

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