Treatment evaluation and uptake among persons with Chronic Hepatitis C on Opium Substitution Therapy Possibilities and limitations

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Disclosures

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2 – The 4 WIDUC study funded The Danish Regions (Governemental grant)
Background

- Models on DAA treatment among people who inject drugs (PWID) suggest that treatment could work as prevention for chronic hepatitis C (CHC).
- Few studies have been done on the feasibility of delivering DAA treatment to people with ongoing drug use outside clinical trials.

Aim, assumptions and criteria

- To investigate if Treatment as Prevention was possible to implement in our setting.
- Assumption: PWID population 1000
- Criteria for feasibility
  - To reduce CHC to levels below 5% prevalence in 10 years a treatment rate of 40-50/1000 PWID years will be needed* - 45 persons a year.

* DIPP-study Fraser/Hickman - unpublished
Setting

- Single drug treatment center in Odense Denmark
- Hepatitis outreach clinic offering blood test, fibroscan and treatment on premises
- 450 users on OST
- 94% of users tested for hepatitis C
- Baseline prevalence of CHC of 34.5%*

<table>
<thead>
<tr>
<th>CHC population</th>
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<tbody>
<tr>
<td>HCV RNA positive</td>
</tr>
<tr>
<td>Median age</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Genotype 1/2/3</td>
</tr>
<tr>
<td>LSM &gt; 12 kpa</td>
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<tr>
<td>Median time since First positive test (anti HCV)</td>
</tr>
<tr>
<td>New entry into hepatitis care</td>
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* Øvrehus INHSU 2015

Methods

Cohort study

- April 2015-April 2016
  - All registered in Odense Drug Treatment Center OST department
  - Patient with CHC evaluated or invited for visit.

Treatable

- Treated/in follow-up
- Present for consultation at outreach or hospital clinic twice in 2 years
- Compliant with cirrosis workup

Untreatable

- Lost to follow up/out of care
- “Severe instability”
  - Multiple missed appointments at the outreach clinic.
  - Multiple quarantines
- Severe comorbidities

* Øvrehus INHSU 2015

OUH
Odense University Hospital
Svendborg Hospital

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Svendborg Hospital
Results

1 year follow-up

<table>
<thead>
<tr>
<th>CHC</th>
<th>N= 153</th>
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<tbody>
<tr>
<td>Treated</td>
<td>43 (28%)</td>
</tr>
<tr>
<td>Treatable/ not treated</td>
<td>41 (27%)</td>
</tr>
<tr>
<td>Not “treatable”</td>
<td>59 (39%)</td>
</tr>
</tbody>
</table>

“Untreatable”

- Out of care – 47%
- Co morbidities – 18%
  - terminally ill/died
- Instability/alcohol- 25%
- Other causes – 10%

Conclusion and Challenges

Conclusion

- Feasibility criteria for TaP met
- We would run out of patients in 3-4 years

Challenges and limitations

- Out of care population
- OST only
- Injection networks not known
- No current treatment possibilities for “asymptomatic disease”

Further studies

- Testing and treating in “outside OST” populations
- Reinfection and follow-up in the ODD-HEP cohort.