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P0797 The comparison of hepatitis C treatment outcomes with direct acting antivirals between people who inject drugs (PWID) and non-PWID: results from a national survey in Slovenia

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Background: Treatment of hepatitis C virus (HCV) infection with direct-acting antiviral agents (DAAs) has been proved as very efficient. In Slovenia, the second generation DAAs represent a standard of care since January 2015. A significant proportion of treated represent people who inject drugs (PWID). The aim of this study was to compare efficacy of DAA treatment in a real-life setting between PWID and non-PWID at national level.

Materials/methods: All HCV-infected patients from Slovenia that started treatment with DAA combinations (simeprevir, sofosbuvir, paritaprevir/ombitasvir±dasabuvir, sofosbuvir/ledipasvir, elbasvir/grazoprevir, and sofosbuvir/velpatasvir) between January 2015 and December 2017 were included prospectively on intention to treat (ITT) and modified ITT (mITT) analyses. Demographic, epidemiological, virological and clinical data were collected from all hospitals performing HCV treatment in Slovenia and analysed according to the history of injecting drug use.

Results: Of 383 patients included, 173 (45%) were PWID. Male gender was significantly more common in PWID (82%) compared to non-PWID (56%) (CI=99%, p<0,001). The average age was higher in non-PWID compared to PWID (55 vs. 44 years). Genotype 1 was significantly more common in non-PWID (80, 5%) compared to PWID (54%) (CI=99%, p<0,001). 78% of PWID and 53% of non-PWID were treatment naïve, the difference being significant (CI=99, p<0,001). Fibrosis stages F3 and F4 were present in 24% and 47% of PWID, respectively, and in 25% and 42% of non-PWID, respectively. Sustained virological response (SVR) rate in ITT analysis was significantly higher in non-PWID (94%) compared to PWID (84%) (CI=99%, p=0,002). Among overall 39 patients with no SVR, 10 discontinued treatment for unknown reasons (90% were PWID) and 14 achieved end-of-treatment response but did not come to 12-week follow-up (FU12) (71% were PWID). In mITT analysis SVR was achieved in 146/150 (97%) of PWID and in 198/204 (97%) of non-PWID. 9 patients experienced relapse (4 were PWID) and one was complete non-responder.

Conclusions: Our results confirm excellent SVR rates of DAAs in real-life setting with better results achieved in non-PWID compared to PWID. However, excluding those with premature treatment discontinuation for unknown reasons and the lack of FU12, the SVR rates were comparable between the two groups.