The CORE HCV Cascade a Decade Later: Looking Ahead To an IFN-Free Era

Oluwatoyin M. Adeyemi, Stephon Effinger, Benjamin Go, Sonia Vibhakar, Maureen Gallagher, Deborah Wolen, Becky Goldberg, Mike Demetria, David Barker, Gregory Huhn
Ruth M Rothstein CORE Center, Cook County Health and Hospitals System, Chicago, IL, United States

Background: One of the goals of the US National Viral Hepatitis Plan is to increase testing, linkage to care and treatment of HCV. Our HIV center has had an on-site multidisciplinary hepatitis clinic since 2001 and patients (pts) have access to all approved HCV medications regardless of ability to pay. In this study, we determined HCV evaluation and treatment rates in HIV/HCV co-infected pts through 2013.

Methodology: Retrospective electronic chart review of all HIV+/HCV ab+ pts with ≥1 clinic visit at the CORE center Chicago from Jan 2006 - July 2013. HIV+/HCV+ pts were classified into 2 cohorts: Lost to Care (LTC) cohort; Last primary care clinic visit between Jan 2006-Dec 2010 and Active cohort (AC); most recent clinic visit between Jan 2011- July 2013.

Results: Since Jan 1 2006, 1905 HIV+/HCV+ pts have had ≥1 HIV primary care clinic (PCC) visit at CORE. There were 735 pts in the LTC cohort and 1170 in the active cohort. The LTC cohort had a median age of 54 yrs, 72% were male, 70 % AA, 18% white and 12% Hisp. Median CD4 at last visit was 337 and 55% had undetectable HIVRNA. Only 16% of the LTC cohort had ≥1 hepatitis (hep) clinic visit while in care and this ranged from 9% of pts with last PCC visit in 2006 to 28% of those with last PCC visit in 2009. The AC (n=1170) have a median age of 52 years and 73% are male, 69% AA, 18% Hisp and 12% white. 762 (65%) have had ≥1 PCC visit through July 2013; for 238 (20%) last PCC visit was in 2012 and for 170 (15%) last PCC visit was in 2011. Median CD4 of the AC is 428 cells/mm3 and 71% have undetectable HIVRNA. 37% of the AC have had ≥1 hep clinic visit (median=7). The HCV cascade for the AC is shown in the table. *Of 631 pts with HCV genotype done; 514 (81%) were genotype1. 87% of the active cohort is < federal poverty level (FPL). 60% are uninsured, 29% on Medicaid, 5.5% on Medicare and <2% have private insurance.

Conclusions: The vast majority of HIV/HCV co-infected pts in our clinic have not been evaluated in the hepatitis clinic and only a minority have been treated for HCV. Limitations of the current HCV therapies (tolerability and patient/provider issues) remain major barriers to HCV treatment in our co-infected pts. we expect that the numbers evaluated and treated will increase with improved treatment options in the near future. Many co-infected pts are < FPL thus, ready coverage of approved HCV medications by publicly and privately funded health plans need to be advocated for.

CORE HCV Cascade (Active Cohort); n=1170