DIRECT ACTING ANTIVIRAL UPTAKE DISPARITIES IN HIV-HCV COINFECTED POPULATIONS

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THE CANADIAN HIV-HEPATITIS C CO-INFECTION COHORT

Background

- Second-generation Direct Acting Antivirals (DAAs) have revolutionized HIV treatment with over 90% cure rates even in real-world settings, giving hope that HCV can be eliminated
- Limited data exists on treatment initiation rates among key HIV-HCV coinfected populations including high-risk transmitters such as people who inject drugs (PWID) actively and men who have sex with men (MSM)
- Vulnerable populations such as Indigenous people and women may also face unique barriers to HCV treatment initiation

The aims of this study were to investigate temporal trends in HCV treatment uptake, with a focus on second-generation DAA initiations and treatment efficacy among key HIV-HCV coinfected populations in care.

Methods

Key exposures: Active PWID (within 6 months), Indigenous peoples, women (biological sex), MSM

Trends in overall HIV-1 HCV Treatment Initiation Rates: CCC participants at risk to initiate any HIV treatment if actively participating in the CCC (alive, with a visit within 1 year) and HCV RNA+

Predictors of Second-Generation DAAs: Defined as Health Canada approved regimens containing ombitasvir, paritaprevir, dasabuvir/ombitasvir (panitumumab)/ritonavir/interferon or telaprevir.

- Time Zero: November 20, 2013 (Health Canada’s approval date of ombitasvir)
- Censored: Lost to follow-up (no study visit for at least one year), died, withdrew or the end of the study period (December 31, 2015)


- With the introduction of second-generation DAAs, initiation rates rose more than three times between 2013 and 2015, from 7 (95% CI: 5.6) to 25 (95% CI: 23.2-27.8) per 100 person-years.
- Uptake was markedly lower among women (Panel A), Indigenous peoples (Panel B) and active PWID (Panel C).
- Conversely, MSM (Panel D) initiated HCV treatment at a higher rate.

Results

- Overall median age of cohort participants was 45 years old (IQR 39, 51)
- 81% had a history of injection drug use (IDU), 28% were women, 21% were Indigenous people and 23% were MSM
- 195 of 812 (24%) CCC participants eligible to initiate treatment as of November 2013, the majority of which were women (58%)
- Specifically, 121 initiations were with ledipasvir/sofosbuvir; 29 with sofosbuvir/ribavirin; 18 with sofosbuvir/ velpatasvir; 13 with sofosbuvir/velpatavir/peg-interferon; 6 with ombitasvir/paritaprevir/ ritonavir/bosevir/ritonavir; 3 with sofosbuvir/daclatasvir and 3 sofosbuvir/ombitasvir/peg-interferon
- Overall SVR rates were 91% (95% CI: 88-93)
- 12 responses were missing

Conclusion

- We found important disparities in DAA uptake existed among key HIV-HCV coinfected populations already engaged in care. In particular, PWID and Indigenous persons were much less likely to initiate therapy.
- Low rates of treatment are not justified given the high SVR rates that were achieved in these groups.
- To meet the WHO’s goal of HCV elimination by 2030, targeted programs need to be developed and scaled-up to address unique patient level barriers and reduce stigma against these key populations.