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A TREATMENT AS PREVENTION TRIAL TO ELIMINATE HCV IN HIV+ MSM: THE SWISS HCVREE TRIAL

Clinical: (K) Hepatitis Viruses and Liver Complications

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Background: Incidence of sexually transmitted hepatitis C virus (HCV) infections among HIV+ men who have sex with men (MSM) is rising worldwide. The Swiss HCVree Trial (ClinicalTrials.gov NCT02785666) aimed to test the feasibility of a HCV elimination approach among HIV+ MSM participating in the Swiss HIV Cohort Study (SHCS).

Methods: During phase A (10/1/2015-5/31/2016) we systematically tested all MSM in the SHCS by HCV-RNA PCR. During phase B (6/1/2016-2/28/2017) HCV treatment with the DAA grazoprevir/elbasvir ± ribavirin was offered to all MSM with GT 1 or 4 with the goal to reduce the pool of potential transmitters. Individuals with GT 2 or 3 and individuals not eligible for phase B were treated externally with standard of care DAAs. MSM reporting unprotected sex with occasional partners were asked for participation in a behavioral intervention program during phase B to reduce sexual risk behavior to prevent re-infection. During phase C (3/1/-11/30/2017), we re-tested all MSM in the SHCS by HCV-RNA PCR.

Results: During phase A we screened 3'722 out of 4'257 active MSM from the SHCS database (87%) and identified 177 (4.8%) with a replicating HCV infection. Of these 177 infections 31 (18%) were incident (Figure 1A). During phase B we treated 122 out of these 177 replicating infections (69%) within the Swiss HCVree Trial and achieved a SVR12 of 99%. 39 infections (22%) were treated externally using standard of care DAAs (SVR 12 100%). Re-screening of 3'723 MSM during phase C identified 28 infections (0.8%), of them 16 were incident. The remaining 12 infections were chronic infections not treated during phase A. Of the 28 infections identified during phase C, 22 patients (79%) started DAA before end of period C. Overall, we identified and treated 183 out of 206 replicating infections (89%) during phase A and C within and outside the Swiss HCVree Trial (Figure 1B). Of 68 MSM eligible for the behavioral intervention program, 51 (75%) agreed to participate and 46 (68%) completed the program.

Conclusion: A systematic, population based HCV RNA screening approach among HIV+ MSM from the SHCS identified a high number of potential HCV spreaders. Treatment initiation in 89% of individuals with replicating HCV reduced incident HCV infections by 50% during the study. A systematic population based screening followed by prompt treatment of identified infections combined with a strong behavioral intervention can serve as a model to reach WHO elimination targets by 2030 in HIV/HCV co-infected MSM.