The CORE HCV Cascade a Decade Later: Looking Ahead to an IFN-free Era

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Background

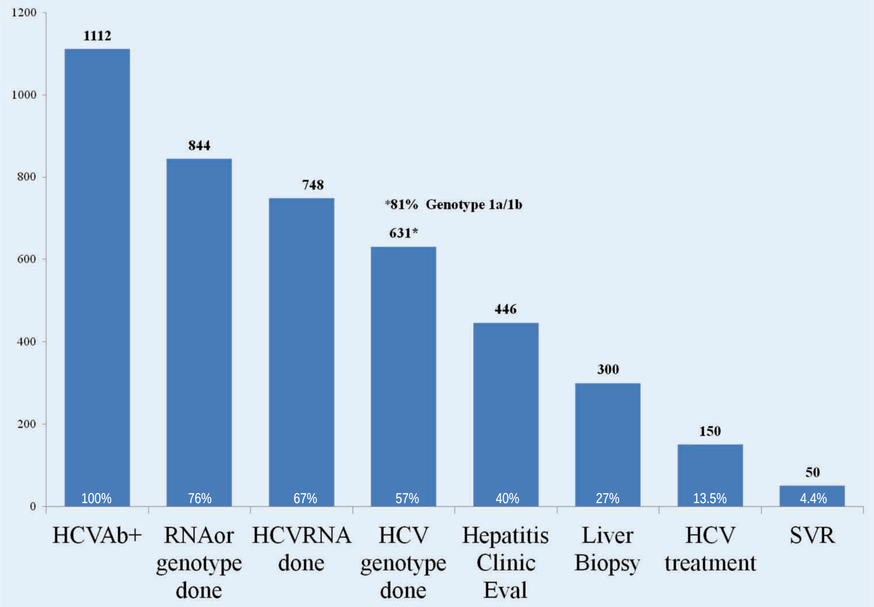
- The CORE Center Chicago is a leading HIV center in Chicago where 25-30% of all HIV+ Patients in the region receive primary care (PC)
- 94% of 4,870 HIV+ patients who had ≥1 primary care visit at CORE in 2013 had HCV screening (HCV antibody) results available
- Despite high rates of screening for Hepatitis C virus (HCV) in HIV+ patients, many HIV/HCV co-infected patients have not received HCV Rx
- Our Center has had an on-site multidisciplinary hepatitis clinic since 2001 where we perform on-site liver biopsies and patients 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 patients active in care through the end of 2013

Methods

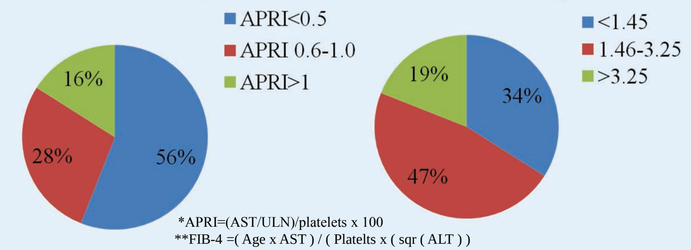
- Retrospective electronic chart review of all HIV+/HCV ab+ pts with ≥1 Primary care (PC) visit at the CORE center from 01/2006-12/2013
- Data collected included demographics, HIV variables; CD4, HIVRNA, labs; HCVRNA and genotype, liver function tests, and insurance status
- HIV+/HCVab+ pts were classified into 2 cohorts:
  - Lost to Care (LTC) cohort; Last PC visit between 01/ 2006-12/2010
  - Active cohort (AC); most recent PC visit between 01/ 2011-12/2013
- Data on the Active Cohort (n=1,112) are presented in the current study

Results

HCV confirmatory testing, Hepatitis Clinic evalation and HCV treatment in the Active cohort (n=1,112)



Liver disease severity as assessed by APRI* and FIB-4**



*APRI=(AST/ULN)/platelets x 100
**FIB-4 =(Age x AST) / (Platelts x (sqr (ALT))

- APRI <0.5/FIB-4 <1.45- no/minimal fibrosis
- APRI >1/FIB-4 >3.25-severe fibrosis
- APRI and FIB-4; high correlation r=0.885, p<0.0001

Discussion and Next Steps

- The vast majority of HIV/HCV patients in our clinic have not received HCV Rx
- Only 40% of HCV+ pts have ever been evaluated in the decade old on-site hepatitis clinic and ~50% of those who had a liver biopsy have received HCV treatment
- Patient specific issues including adherence with clinic visits (only 70% of the AC had ≥1 PC visit in 2013) and adequate HIV control (28% had detectable viremia, 22% had CD4<200) likely contribute to lack of HCV evaluation and treatment in these patients
- Poor efficacy and side effect profiles of HCV Rx prior to 2014 are also major barriers to HCV Rx and we expect to see an increase in patient and provider interest in HCV treatment with new HCV Rx options
- Ready Access to and coverage for approved HCV Rx including medication assistance programs need to be advocated for
- Continued efforts to improve engagement and retention in care remains essential in HIV and HCV care

NEXT STEPS AT OUR SITE:

1) EHR prompts to improve rates of confirmatory testing and hepatitis clinic referrals
2) Rededicate enhanced resources towards patient and provider educational programs to facilitate referrals for HCV evaluation and Rx

Results

Demographics of the Active cohort (n=1,112)	
Median Age (IQR)	54 years (48-59)
Male	821 (74%)
Non Hispanic Black Hispanic Non Hispanic White	762 (68%) 194 (17%) 155 (14%)
≤Federal poverty level	958 (87%)
Median CD4 count cells/mm^3 CD4 <200 cells/mm^3	401 244 (22%)
Undetectable HIVRNA	802 (72%)
≥1 primary Care visit in 2013 Last primary care visit in 2012 Last Primary care visit in 2011	70% 16% 14%

Duration of documented HIV+ and HCV+ tests in the CORE Electronic Health Record (EHR) among the Active Cohort (n=1,112)	
Median (IQR) duration 1st HCV ab+	84 (35-117) months 7years
Median (IQR) duration of most recent HCV ab+	29 (14-53) months 2.4years
Median (IQR) duration HIV +ve test	104 (49-138) months 8.6years

Insurance status of HIV/HCV pts (n=1,112)

