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Public health committee
European Association for the Study of Liver Diseases

IMPROVING ACCESS TO HCV CARE
REPORT FROM ILC-2016
Outline of talk

• Prevention
• Testing and linkage to care
• Treatment to People who inject drugs (PWID)
  – Reinfection
• EASL guidelines
Effect of combined harm reduction strategies on HCV incidence among people who inject drugs in Montreal, Canada.

Incidence rates (per 100 p-y) and 95% CI:
- No Full IMC: 15.3, 10.8, 21.0
- Full IMC: 18.3, 14.8, 22.5

Adjusted Hazard Ratio* and 95% CI:
- No Full IMC: 1.0
- Full IMC: 1.2, 0.8, 1.8

Association between HCV infection and Opioid Agonist Therapy Coverage

Incidence rates (per 100 p-y) and 95% CI:
- No OAT: 20.6, 16.6, 25.2
- Low OAT: 18.0, 11.6, 26.7
- High OAT: 7.0, 3.6, 12.5

Adjusted Hazard Ratio* and 95% CI:
- No OAT: 1.0

Figure 3: Care pathway among persons newly HCV diagnosed by year of anti-HCV date, England: 2002-2014.
Hepatitis C treatment uptake among patients who have received opioid substitution treatment: A population based study

- **Graph 1:** HCV treatment rate (%)
  - X-axis: Year (2004-2013)
  - Y-axis: HCV treatment rate (%)

- **Graph 2:** Cumulative HCV treatment uptake 2004-2013 (%)
  - X-axis: Age group
    - < 40
    - 40-50
    - > 50
  - Y-axis: Cumulative HCV treatment rate (%)
HCV treatment to PWID. Who are we talking about?
PWID with chronic hepatitis C

Ever injected drugs (n=15000)
- Recently injected (n=3500)
- On OST (n=3500)
Efficacy of grazoprevir/elbasvir in patients on OST

- Phase 3, randomized, parallel-group, placebo-controlled, double-blind trial
- Treatment naïve genotype 1-4 or 6
- On opiate substitution therapy (OST)

Immediate Treatment Arm

- EBR / GZR, \( n = 201 \)
- Follow-up for 24 weeks

Deferred Treatment Arm

- Placebo, \( n = 100 \)
- Follow-up for 24 weeks

Dore G ILC 2016
Use of illicit drugs during treatment

Immediate Treatment Arm; EBR/GZR Treatment Phase

Deferred Treatment Arm; Placebo Phase

* 8 drug classes: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, opiates, phencyclidine, propoxyphene
EFFICACY: SUSTAINED VIROLOGIC RESPONSE
MODIFIED FULL ANALYSIS SET (mFAS)

Reinfection – counted as success

<table>
<thead>
<tr>
<th></th>
<th>Immediate Treatment Group</th>
<th>Deferred Treatment Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVR12 Reinfection</td>
<td>189</td>
<td>175</td>
</tr>
<tr>
<td>SVR24 Reinfection</td>
<td>198</td>
<td>186</td>
</tr>
</tbody>
</table>

Failures

<table>
<thead>
<tr>
<th></th>
<th>Immediate Treatment Group</th>
<th>Deferred Treatment Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapse</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Breakthrough</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discontinuation</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

In the FAS (where discontinuations were counted as failures), SVR12 was 91.5% in the ITG and 85.6% in the DTG, SVR24 was 89.5% in the ITG and 85.3% in the DTG.
**INCIDENCE OF REINFECTION**

**ITG Through FW12:**
- 5 reinfections out of 201 total patients
- 47.4 person-years of follow-up
- **10.5 reinfections per 100 person years (95% CI: 3.4, 24.6)**

**ITG and DTG From End of Treatment Through FW24:**
- 6 reinfections out of 296 total patients (immediate and deferred treatment groups)
- 175.3 person-years of follow-up
- **3.4 reinfections per 100 person years (95% CI: 1.3, 7.5)**
Incidence of persistent reinfection-Norwegian Cohort

<table>
<thead>
<tr>
<th>Time at risk after SVR (PY)</th>
<th>IDU ever (n=94)</th>
<th>IDU after treatment (n=37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent reinfections</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Incidence per 100 PY</td>
<td>1.7</td>
<td>4.9</td>
</tr>
<tr>
<td>95% CI</td>
<td>0.8–3.1</td>
<td>2.3–8.9</td>
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</table>

Midgard et al. J Hepatology 20
HCV REINFECTION INCIDENCE AND OUTCOMES AMONG HIV INFECTED MSM IN WESTERN EUROPE

• From 606 patients with a cured HCV infection, 149 (24.6%) presented with acute HCV reinfection, 47/87 (54%) presented with a subsequent second reinfection, 4 patients with a third and one patient a fourth reinfection.

• The overall reinfection incidence was 7.64/100 person-years (95% CI 6.40-9.14) and was higher among treated patients (8.4/100 py) than among individuals who had spontaneously cleared their incident infection (4.6/100 py, relative risk 0.55, 95% CI 0.32-0.95, p = 0.03)
## Indications for treatment of chronic hepatitis C in 2015: Who should be treated and when?

<table>
<thead>
<tr>
<th>Treatment priority</th>
<th>Patient group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment is indicated</td>
<td>• All treatment-naïve and treatment-experienced patients with compensated and</td>
</tr>
<tr>
<td></td>
<td>decompenated liver disease</td>
</tr>
<tr>
<td>Treatment should be prioritized</td>
<td>• Patients with significant fibrosis (F3) or cirrhosis (F4), including decompenated</td>
</tr>
<tr>
<td></td>
<td>cirrhosis</td>
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<tr>
<td></td>
<td>• Patients with HIV coinfection</td>
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<tr>
<td></td>
<td>• Patients with HBV coinfection</td>
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<td>• Patients with an indication for liver transplantation</td>
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<td></td>
<td>• Patients with HCV recurrence after liver transplantation</td>
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<td></td>
<td>• Patients with clinically significant extra-hepatic manifestations</td>
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<td></td>
<td>• Patients with debilitating fatigue</td>
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<td></td>
<td>• Individuals at risk of transmitting HCV (active injection drug users, men who have</td>
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<td></td>
<td>sex with men with high-risk sexual practices, women of child-bearing age who</td>
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<tr>
<td></td>
<td>wish to get pregnant, haemodialysis patients, incarcerated individuals)</td>
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<tr>
<td>Treatment is justified</td>
<td>• Patients with moderate fibrosis (F2)</td>
</tr>
<tr>
<td>Treatment can be deferred</td>
<td>• Patients with no or mild disease (F0-F1) and none of the above-mentioned extra-</td>
</tr>
<tr>
<td></td>
<td>hepatic manifestations</td>
</tr>
<tr>
<td>Treatment is not recommended</td>
<td>• Patients with limited life expectancy due to non-liver related comorbidities</td>
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</tbody>
</table>
Abstract Submission: 22 April 2016
Scholarship Applications: 22 April 2016
Earlybird Registration: 17 June 2016
Accommodation: 4 August 2016
Final Registration: 1 September 2016

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