

# **Successful implementation of HCV treatment in two large HIV clinics in Amsterdam: HCV treatment cascade of care**

J. Saris<sup>1</sup>, G.E.L. van den Berk<sup>2</sup>, D. Ait Moha<sup>2</sup>, J.T.M. van der Meer<sup>1</sup>, K. Brinkman<sup>2</sup>, M. van der Valk<sup>1</sup>

<sup>1</sup>Department of Infectious Diseases, Academic Medical Centre, Amsterdam, the Netherlands

<sup>2</sup>Department of Internal Medicine, OLVG-Oost, Amsterdam, the Netherlands

# Disclosures

- J. Saris: nothing to disclose

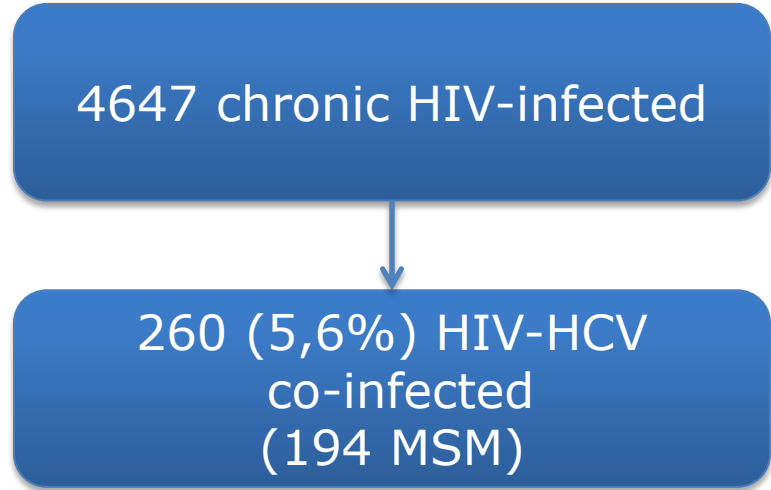
# Introduction

- The availability of direct antiviral agents (DAA) has dramatically improved treatment success of hepatitis C infected individuals
- DAA treatment was introduced in October 2014 and became available in the Netherlands for all HCV patients in November 2015 regardless of the extent of liver fibrosis
- Objectives:
  - Evaluate the implementation of DAA treatment in HIV-HCV patients
  - Describe patients at risk for HCV transmission who were not treated yet with DAA in detail

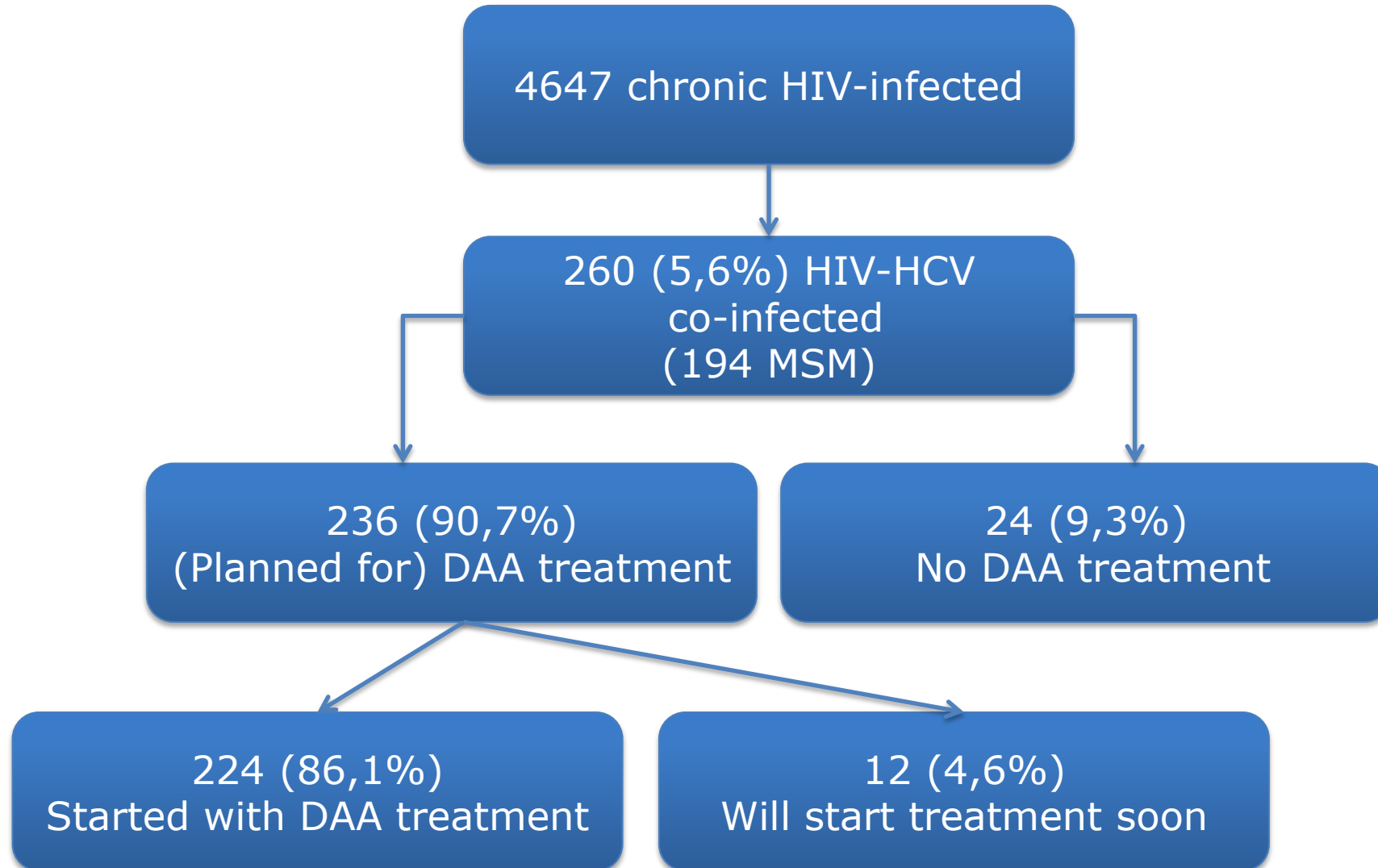
# Methods

- All HIV-HCV co-infected patients in care who were treated with DAA included from October 2014 until August 2016
- Sustained viral response (SVR12) was defined as undetectable HCV-RNA 12 weeks after end of treatment
- Reasons for not initiating HCV treatment were retrospectively assessed

# HCV prevalence



# HCV treatment



# Characteristics of HIV-HCV co-infected patients

	(Planned for) DAA treatment (n=236)	No DAA treatment (n=24)
<b>N (%)</b>	236	24
<b>Male (%)</b>	69,1%	84,2%
<b>Age at start</b> (years, median; range)	50,1 (range: 27 - 77)	49,5 (range: 33 - 67)
<b>Baseline HCV-RNA</b> (IU/mL, median)	1.570.000 (range: 132 - 32.500.000)	
<b>HIV-1 RNA undetectable (%)</b>	95,8%	92,1%
<b>CD4 count</b> (median +/- IQR)	650 (range: 868-460)	590 (range: 783-453)
<b>Fibroscan</b> (kPa, median) (range, n)	6,6 (range: 2 - 48,8; n=175)	5,4 (range: 3,5 - 20; n=23)
<b>Cirrhosis*</b> (%)	9,1%	8,7%

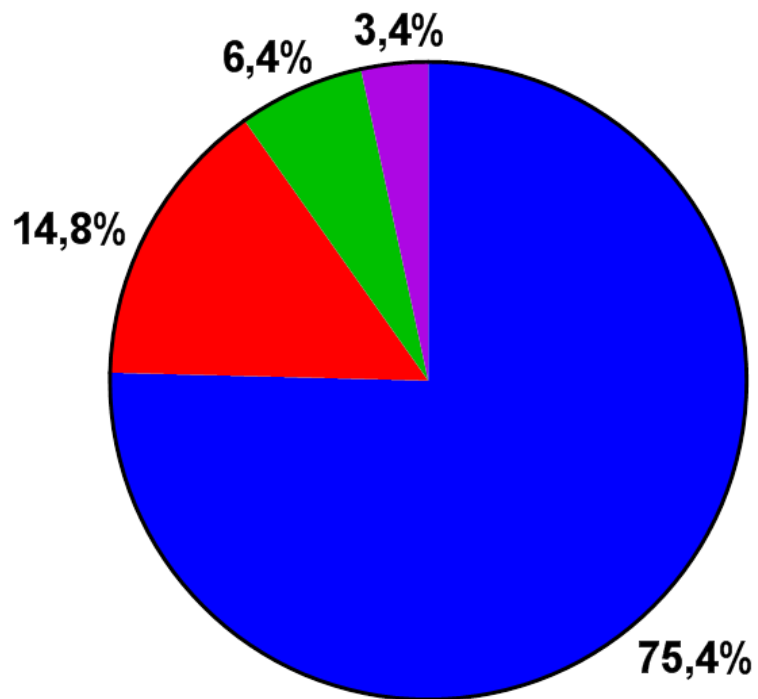
\*Clinical diagnosis or Fibroscan score > 14,5 kPa

# HCV genotype (%)

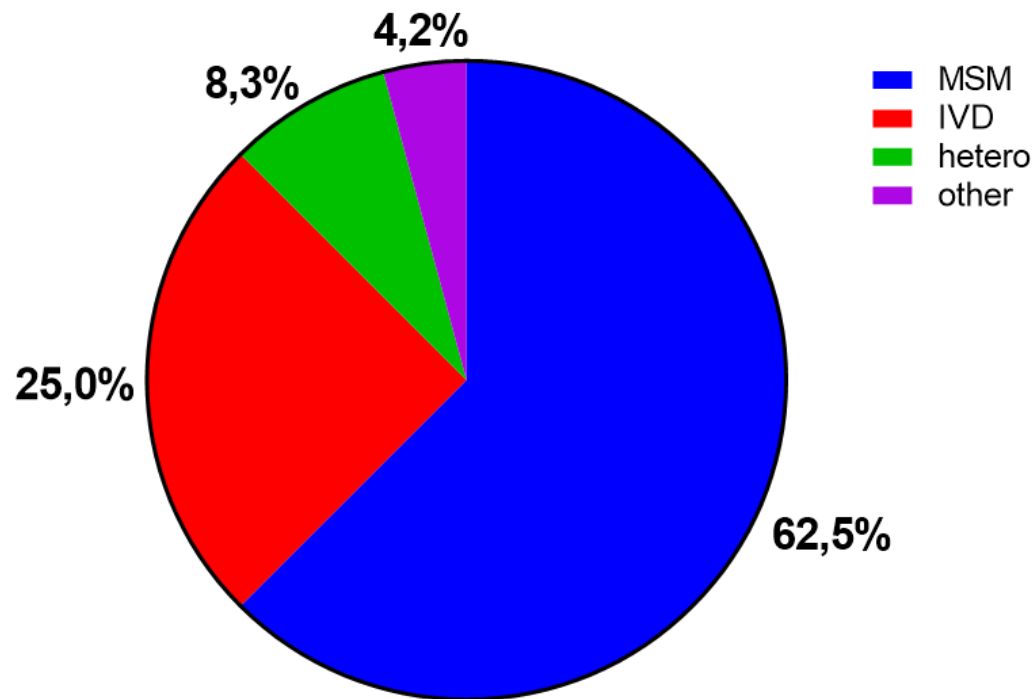
	(Planned for) DAA treatment (n=236)	No DAA treatment (n=24)
<b>HCV genotype (%)</b>		
<b>- 1a / 1b / other</b>	61,0% / 5,5% / 3,8%	33,3% / 4,2% / 4,2%
<b>- 2</b>	3,4%	12,5%
<b>- 3</b>	5,5%	20,8%
<b>- 4</b>	19,1%	16,7%
<b>- other</b>	1,7%	8,3%



# HIV transmission route (n=260)



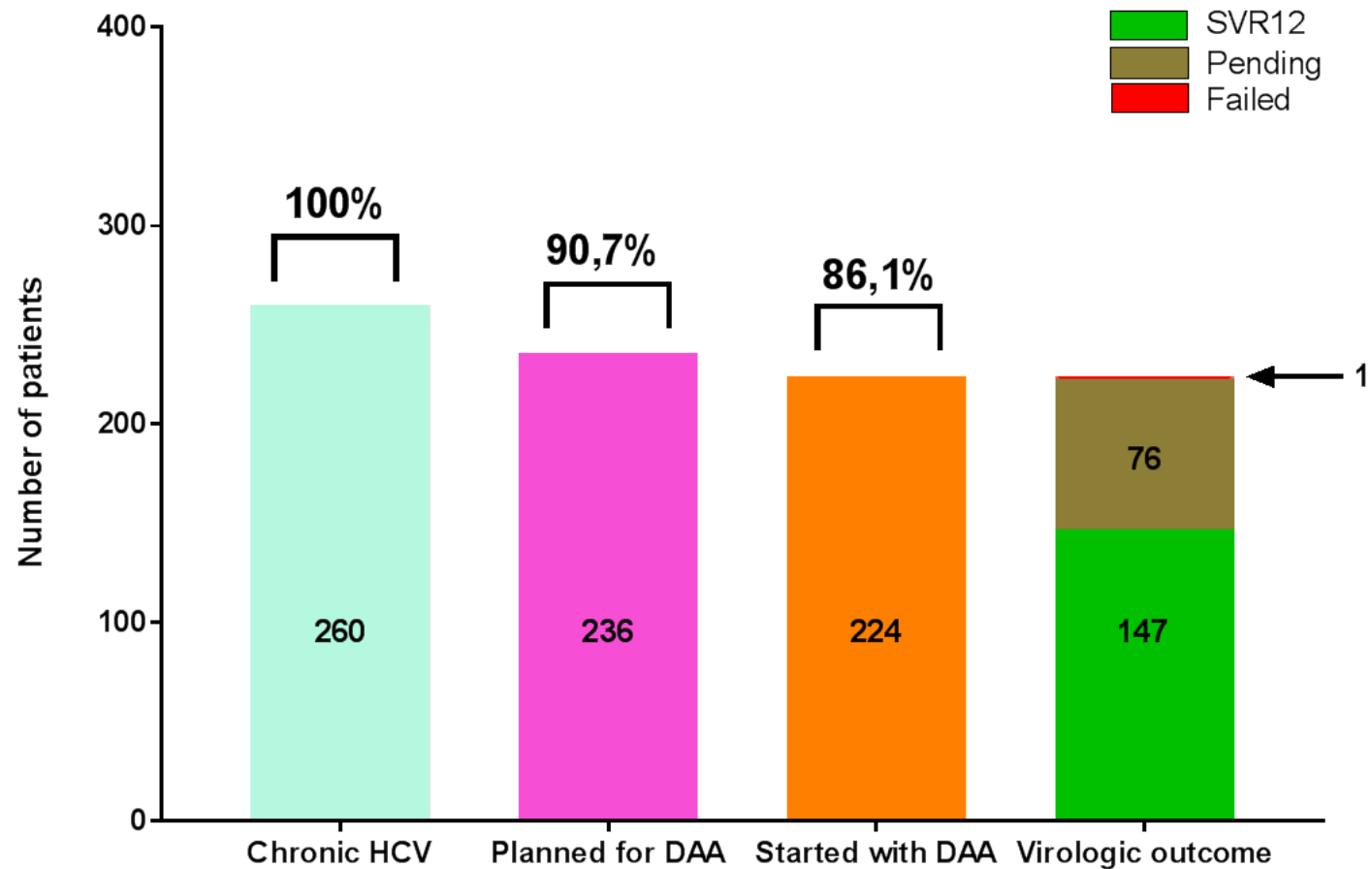
(Planned for) DAA (N=236)



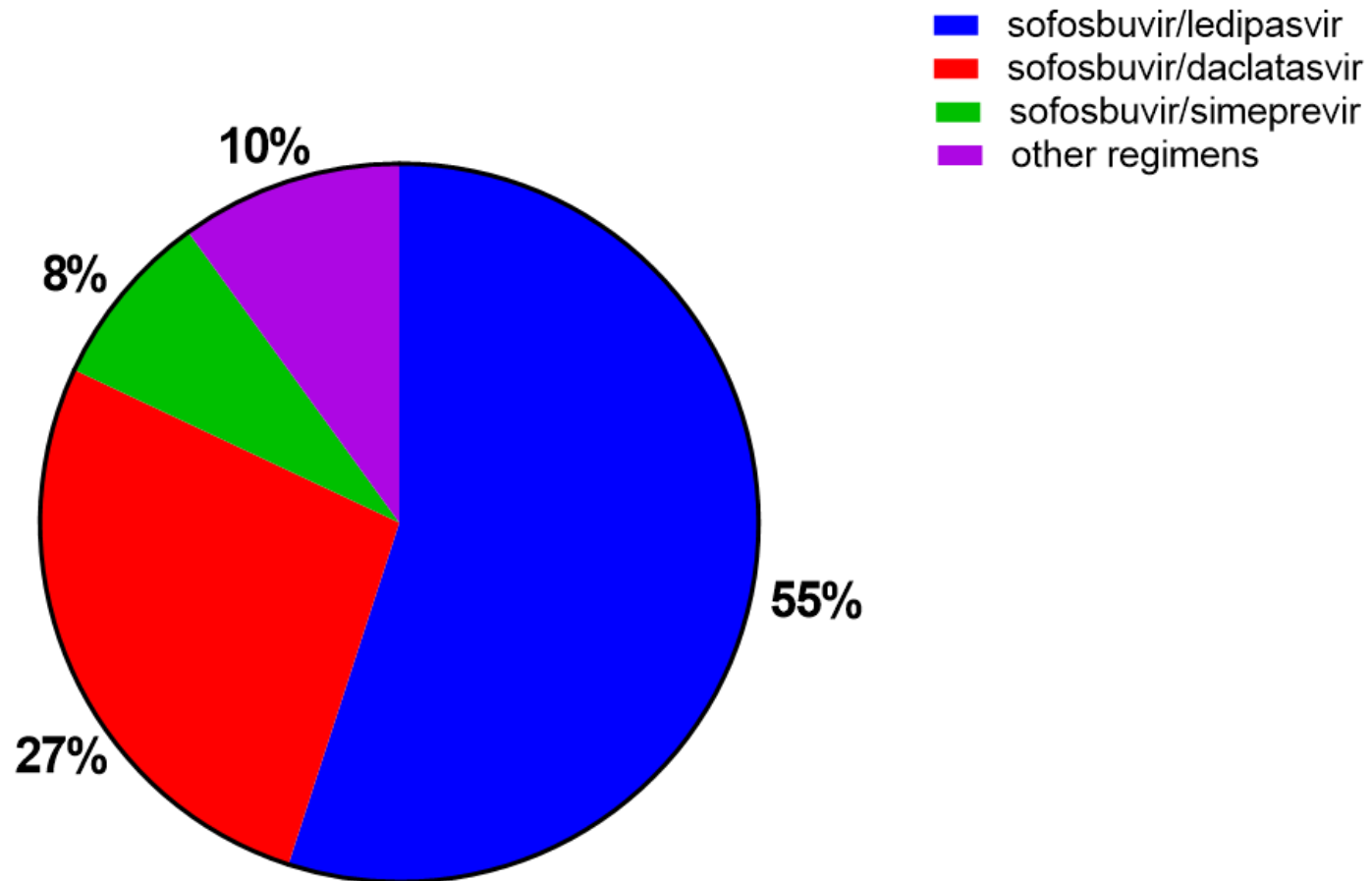
No DAA (N=24)

- MSM
- IVD
- hetero
- other

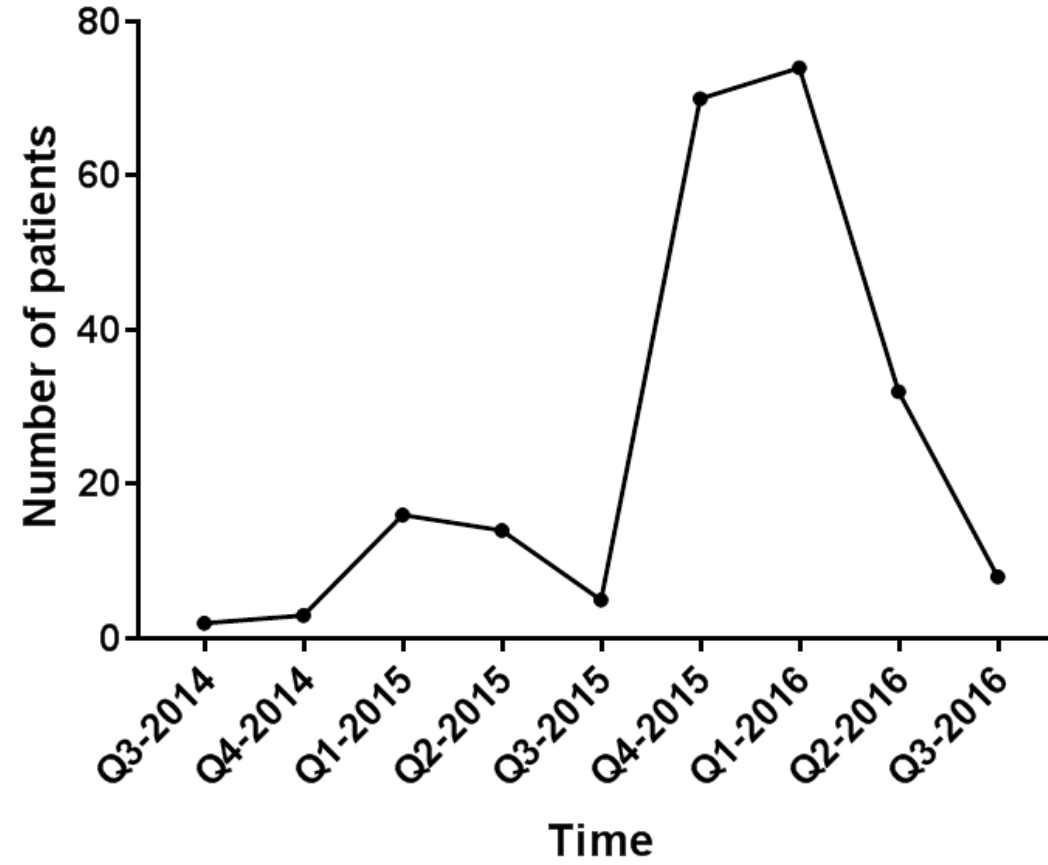
# HCV treatment cascade of care



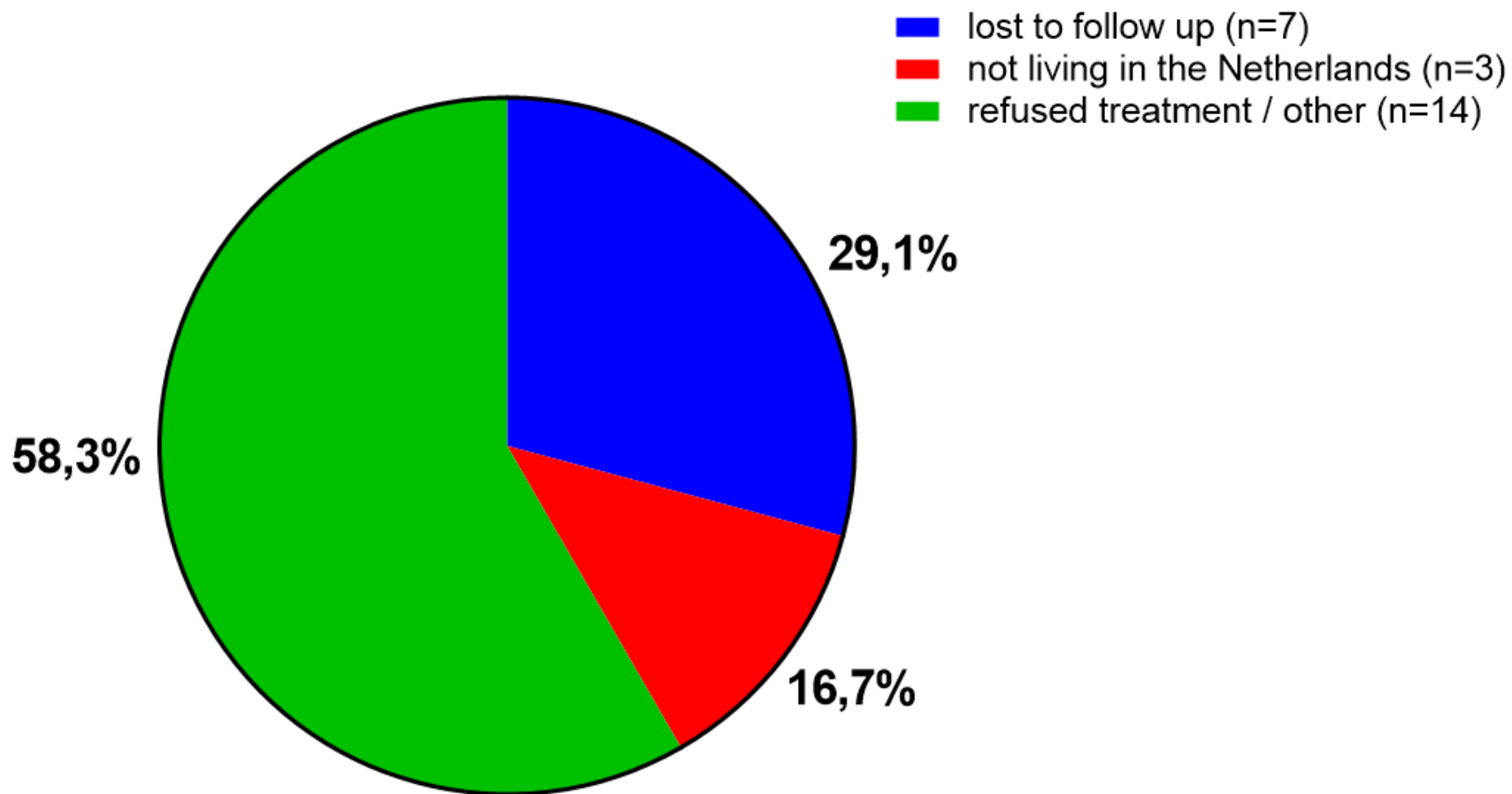
# DAA regimens (n=224)



# DAA treatment uptake



# Reasons for not starting DAA treatment (n=24)



## MSM (n=8)

Age	GT	Fibroscan (kPa)	Reason	DAA treatment after 1/8/16
49	1a	6,4	Initially refused	Yes
53	1a	3,9	Initially refused	Yes
50	1	3,5	Other clinic	Yes
53	1a	4,3	Starts 2017	Planned
60	4d	9,4	Frequent NS	Planned
34	4d	6,3	Frequent NS	Planned
67	1a	8,8	Scared for side-effects	No
45	4	4,4	Refused	No

## Former IVD patients (n=6)

Patient	GT	Fibroscan (kPa)	Reason	DAA treatment after 1/8/16
55 (F)	3a	20,0	Reimbursement issue	Planned
59 (M)	1b	5,4	No complaints	No
52 (M)	3a	N/A	Refused	No
58 (F)	1a	4,9	Refused	No
56 (M)	3a	N/A	Refused	No
64 (M)	3a	N/A	Refused	Died*

\*Sepsis non liver related

# HCV reinfection rate

- One patient (0,7%) was known to be reinfected after reaching SVR12
- Median follow up of all patients with SVR12 until August 2016: 140 days
  - Time until reinfection: 191 days



## **HCV treatment was rapidly initiated in HIV-HCV co-infected patients**

- Since DAA availability, the majority of HIV-HCV co-infected patients in care in AMC/OLVG Oost have successfully been treated without the need to upscale resources/personnel
- At the end of follow up, 8/194 MSM patients (4,1%) were not yet treated and therefore still at risk for transmitting HCV
- Of whom:
  - 6 patients are either planned or started DAA treatment
  - 2 patients (1%) did not receive DAA treatment yet

# Acknowledgements

- **OLVG-Oost, Amsterdam, The Netherlands**

- Dr. PHJ Frissen
- Dr. WL Blok
- Drs. WEM Schouten
- Drs. J Veenstra
- Dr. K Lettinga
- N van der Meche
- CJ Brouwer
- MJT Kleene
- G Geerders
- K Hoeksma
- ME Spelbrink
- A Toonen
- S Wijnands



- **Academic Medical Centre, Amsterdam, The Netherlands**

- Prof. dr. Jan Prins
- Prof. dr. Suzanne Geerlings
- Dr. Mieke Godfried
- Prof. dr. Peter Reiss
- Prof. dr. Tom v.d. Poll
- Dr. Jeannine Nellen
- Dr. Michelle van Vugt
- Dr. Joost Wiersinga
- Dr. Bram Goorhuis
- Dr. Joppe Hovius
- Dr. Godelieve de Bree
- Bregtje Lemkes
- Lycke Woittiez
- Olivier Richel
- Renée Douma
- Gonneke Hermanides
- Ferdinand de Wit
- Fank Pijnappel
- Michelle Mutschelknauss
- Astrid van Hes
- Hans Erik Nobel
- Hans van Eden
- Annouska Weijssenfeld
- Raph Hamers

