

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

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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

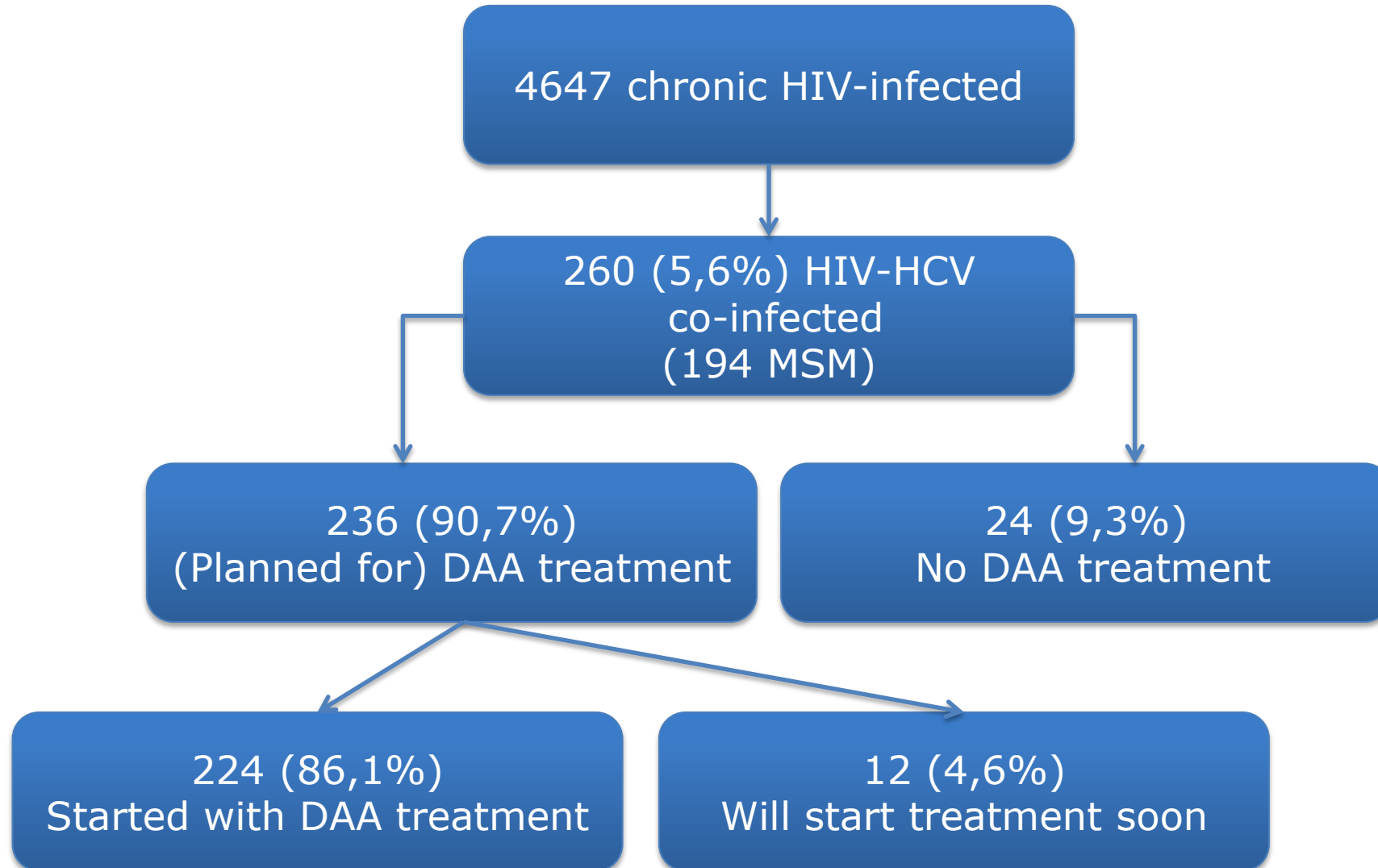
HCV prevalence

4647 chronic HIV-infected



260 (5,6%) HIV-HCV
co-infected
(194 MSM)

HCV treatment



Characteristics of HIV-HCV co-infected patients

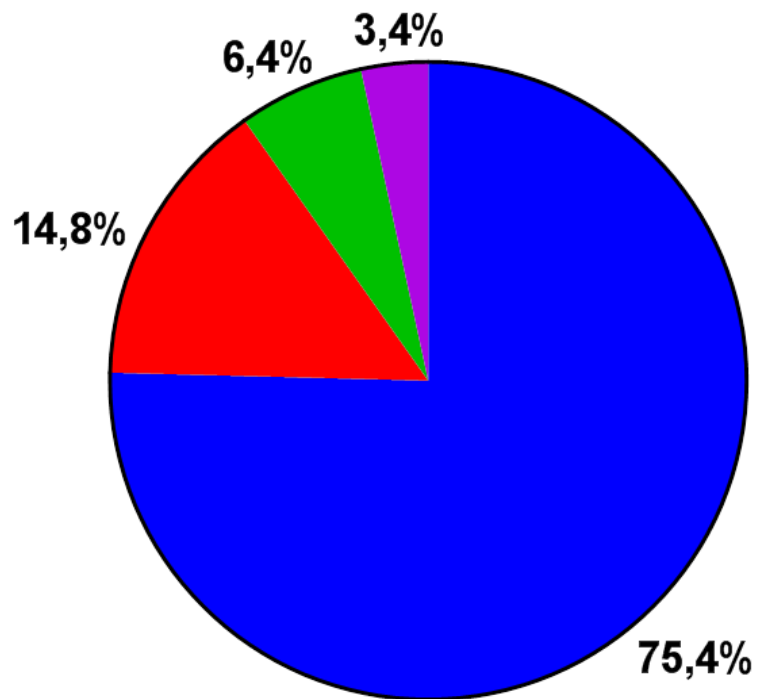
	(Planned for) DAA treatment (n=236)	No DAA treatment (n=24)
N (%)	236	24
Male (%)	69,1%	84,2%
Age at start (years, median; range)	50,1 (range: 27 - 77)	49,5 (range: 33 - 67)
Baseline HCV-RNA (IU/mL, median)	1.570.000 (range: 132 - 32.500.000)	
HIV-1 RNA undetectable (%)	95,8%	92,1%
CD4 count (median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

*Clinical diagnosis or Fibroscan score > 14,5 kPa

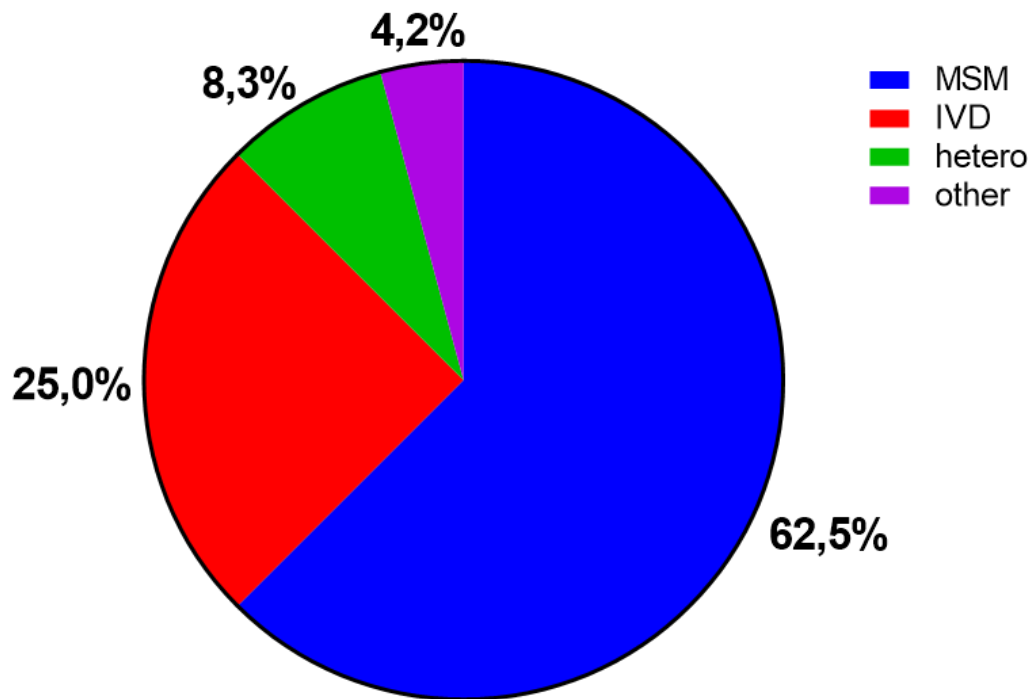
HCV genotype (%)

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

HIV transmission route (n=260)



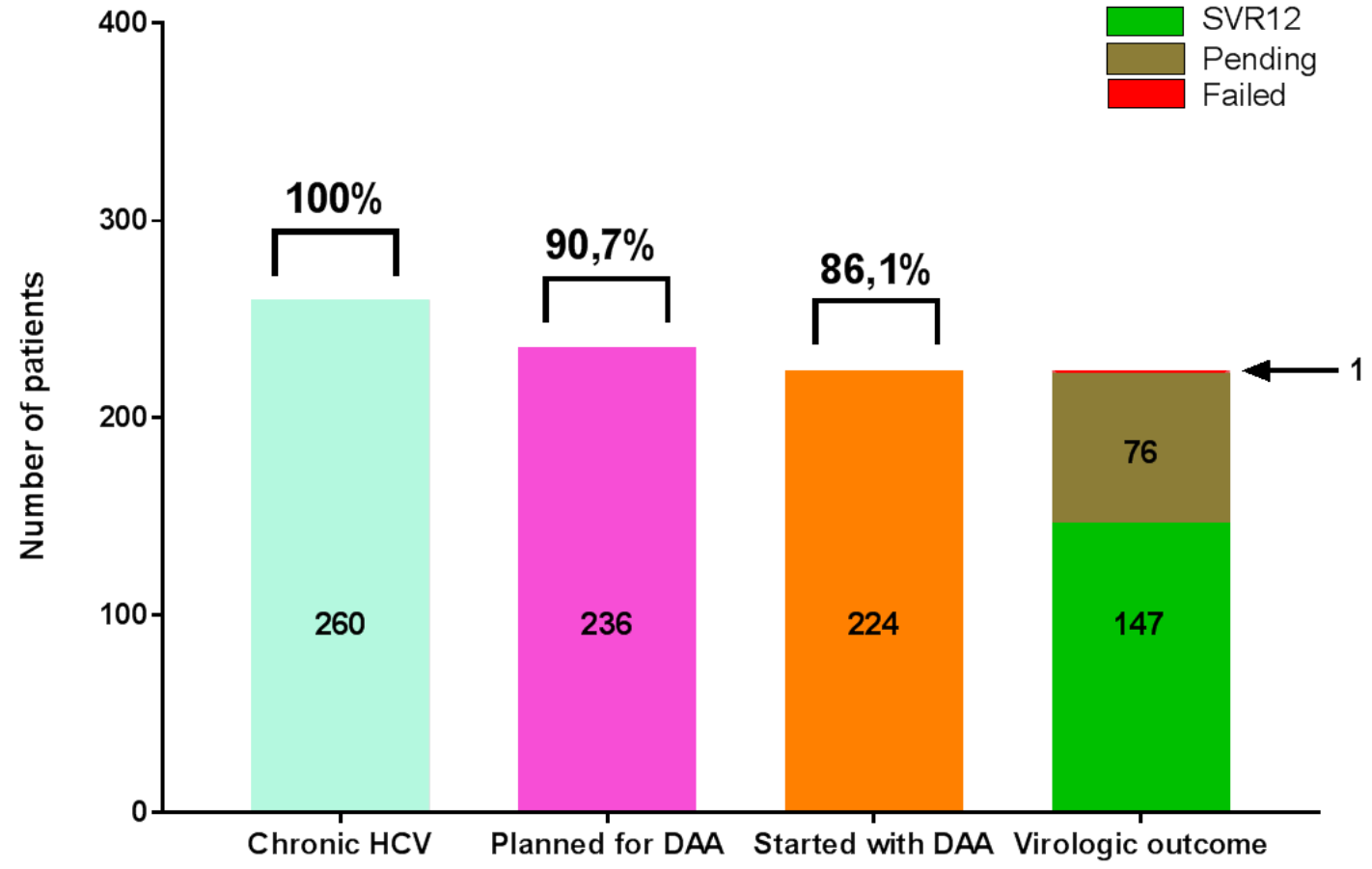
(Planned for) DAA (N=236)



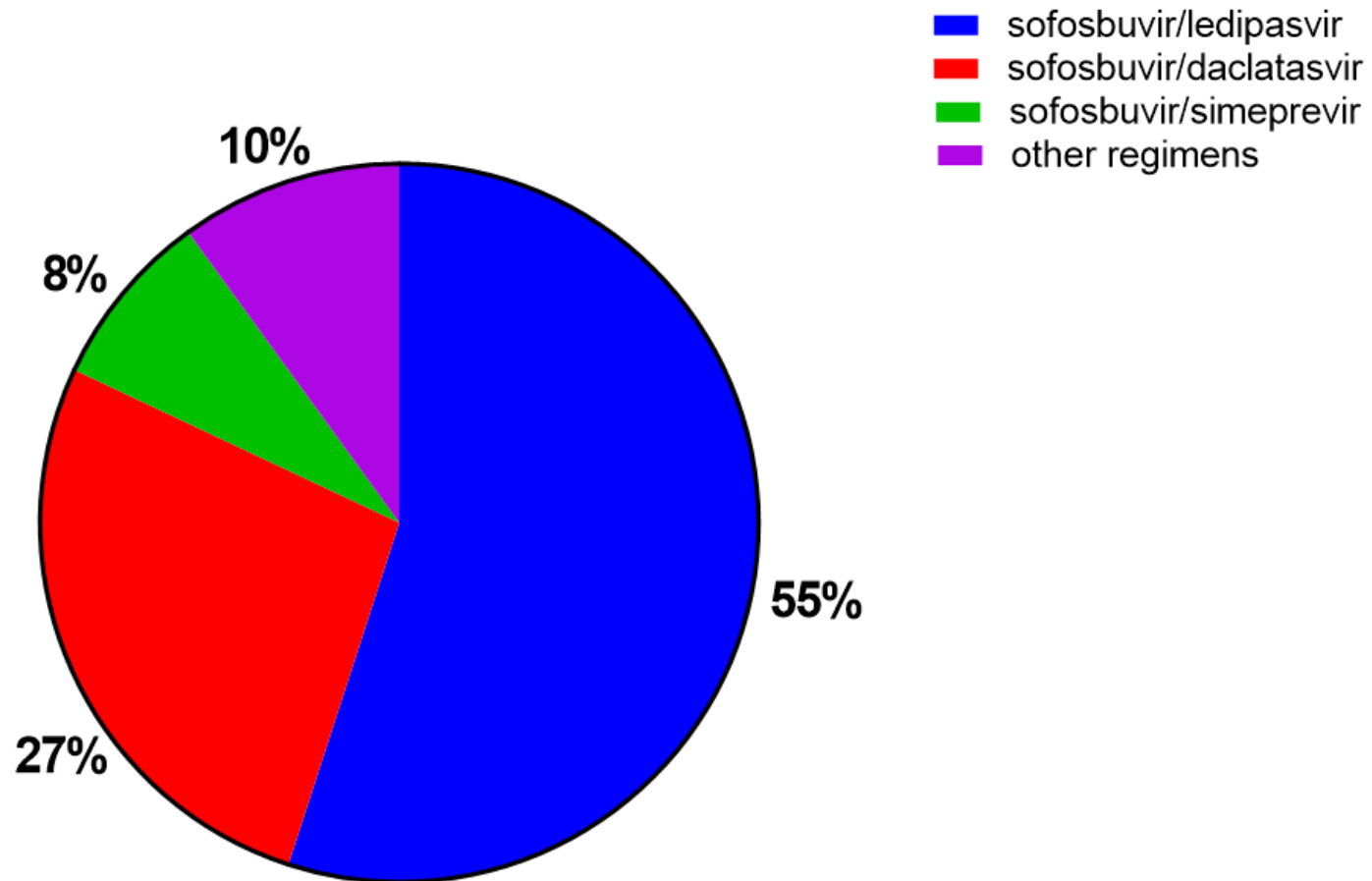
No DAA (N=24)

- MSM
- IVD
- hetero
- other

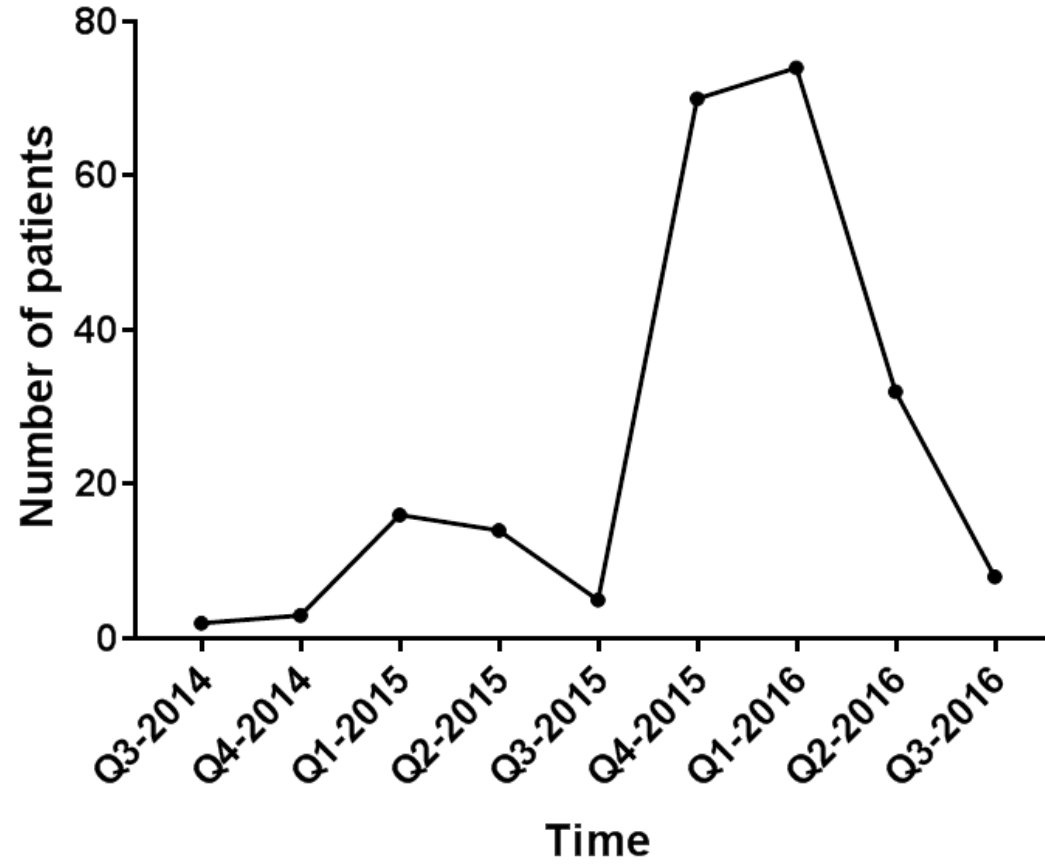
HCV treatment cascade of care



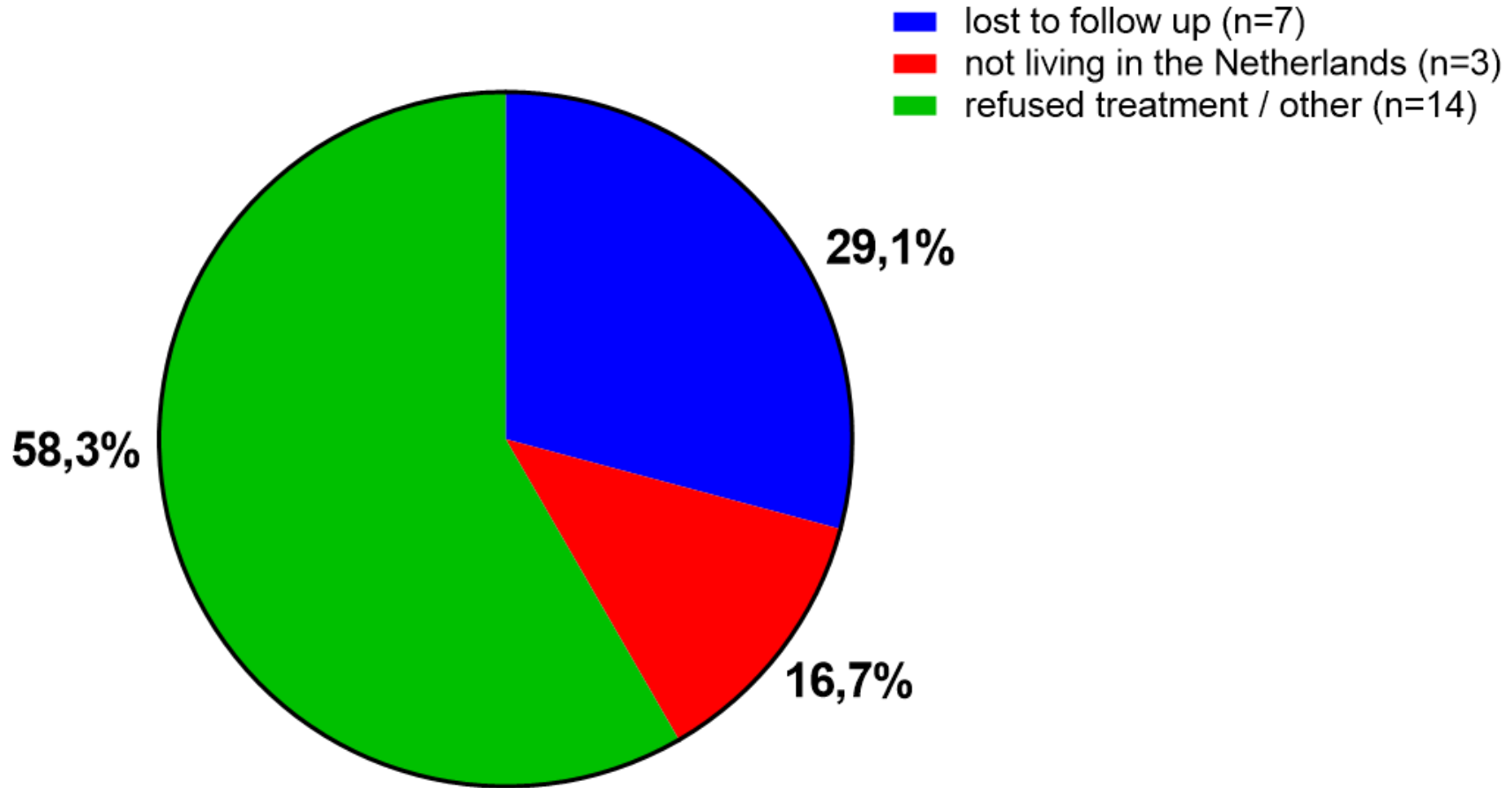
DAA regimens (n=224)



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

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