Uptake of HCV Treatment in HIV/HCV Co-infected Persons across Europe in the Era of Direct-acting Antivirals

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RESULTS (CONTINUED)

Due to the high cost of new effective direct-acting antivirals (DAA) against hepatitis C virus (HCV), their use is expected to vary significantly across Europe, and in some European countries and particular patient groups, pegylated interferon (IFN) and ribavirin (RBV) might still be used.

AIMS

- To investigate regional differences in the rate of HCV treatment uptake among HIV/HCV co-infected persons in the pan-European EuroSIDA study after 2011.
- To investigate regional differences in uptake and factors associated with use of DAA treatment.

METHODS

The EuroSIDA study is a prospective observational study of HIV-1 infected individuals ≥16 years of age. At the end of 2015, 21,980 patients have been included from 107 hospitals in 35 European countries plus Israel and Argentina. In the present study we included all patients positive for HCV-RNA who were followed up after January 2011. Baseline was defined as the latest of a positive HCV antibody test. January 2011 or recruitment to EuroSIDA. Characteristics at starting HCV treatment or at last clinic visit were compared between HCV treated and untreated patients. The incidence per 1000 person-years of follow-up (PYFU) of starting HCV treatment was calculated. Poisson regression was used to determine factors associated with starting the first DAA-based treatment during follow up.

RESULTS

A total of 3083 HCV-RNA+ HIV positive persons were included in the study. Among included persons, 884 (28.7%) were from EuroSIDA region South, while 665 (21.6%), 536 (17.4%), 472 (15.3%), 489 (15.9%) and 37 (1.2%) were recruited from West, North, Central East, East, and Argentina respectively (figure 1). During 5493 PYFU, 470 (15.2%) started any HCV therapy (incidence 85.6/1000 PYFU; 95% CI 77.8–93.3). The incidence remained stable between 2011 (62.0/1000 PYFU; 95% CI 77.8–93.3). The incidence remained stable between 2011 (62.0/1000 PYFU; 95% CI 77.8–93.3). The incidence remained stable between 2011 (62.0/1000 PYFU; 95% CI 77.8–93.3) and 2014 (72.4/1000 PYFU; 95% CI 65.5 – 88.3), but increased sharply in 2015 (248.3/1000 PYFU; 95% CI 212.8 – 283.8).

Patient characteristics at time of starting HCV treatment

Table 1 shows the patient characteristics at time of starting any HCV treatment compared with last clinic visit in those untreated during follow up. Median age of both treated and untreated was 48 years, and around a third of all patients were HCV treatment experienced. Compared with untreated, patients who started HCV treatment were more likely to be from South (34% vs. 28%), to be of white race (94% vs. 86%) to have HCV genotype 1 (49% vs. 42%) and have METAVIR fibrosis stage F4 (34% vs. 15%). Treated and untreated patients had similar HIV-related characteristics.

Factors associated with starting DAA treatment

After adjustment, females, those of non-white race, from Central East or East, HCV genotype non-1 versus genotype 1 and those with detectable HIV viral load were less likely to start DAA-based HCV treatment compared with untreated patients. The incidence per 1000 person-years of follow-up (PYFU) of starting HCV treatment was calculated. Poisson regression was used to determine factors associated with starting the first DAA-based treatment during follow up.