Most vulnerable HCV patient groups treated with direct acting antivirals achieve high response rates and gain quality of life – Data from the German Hepatitis C-Registry (DHC-R)

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BACKGROUND

DAA therapy cures most HCV-patients. To reach micro-elimination, the focus has to be on most vulnerable patient groups. With the aim to improve patient care we characterize treatment outcomes and quality of life (QoL) of these patients in a large prospective real world cohort.

METHODS

- The DHC-R is a national multicenter real-world registry including about 18,900 patients.
- The present analysis is based on 6,849 patients with available data as of July 15, 2022 and comprises the following subgroups: **active drug abuse** (yes N=478; no N=6,371), **alcohol abuse** (yes N=650; no N=6,199), **former/current homelessness** (yes N=81, no N=6,768) and **prison experience** (yes N=140; no N=6,709).
- Data on homelessness and prison experience have been obtained since October 2020. One patient can belong to several subgroups.
- Baseline characteristics, sustained virological response (SVR) rates, QoL (36-Item Short Form Survey, SF-36) at baseline and 12 to 24 weeks after end of treatment (EOT) as well as safety data were analyzed.

RESULTS

- The majority of the patients with active drug abuse, alcohol abuse, former/current homelessness or prison experience were male (79-84 %).
- Patients from these vulnerable subgroups were significantly younger than patients not belonging to these subgroups (p<0.05).
- With 22 and 23 %, respectively, significantly more patients with active drug abuse and alcohol abuse suffered from psychiatric disorders than those without drug or alcohol abuse (12 and 12 %, respectively; p<0.05).
- In vulnerable subgroups, lost-to-follow-up (LTFU) rates ranged between 27 % (alcohol abuse) and 33 % (homelessness) and where higher after EOT than before EOT (e.g drug abuse: 17 vs. 9.8 %, homelessness: 18 vs. 13 %).
- In vulnerable subgroups, Intention-To-Treat SVR rates ranged between 61 % (active drug abuse) and 67 % (alcohol abuse) and were mainly affected by high LTFU rates. In Per-Protocol-Analysis, SVR rates ranged between 93 % (active drug abuse) and 97% (alcohol abuse).
- According to all SF-36 scales, all vulnerable subgroups benefited significantly from DAA therapy (p<0.05; Figure 1). Of note, QoL in patients with former/current homelessness improved the most.
- Adverse events were documented for 19 % (prison experience) to 32 % (active drug abuse) of the patients. Serious adverse events occurred in a maximum of 5 % in each patient group.

CONCLUSIONS

- **Active drug users, people with alcohol abuse, prison experience and former/current homelessness as most vulnerable patient groups respond well to DAA therapy, but still need special attention shown by higher lost to follow up rates.**
- **Although often living in precarious circumstances, all these patients gain quality of life from baseline up to 24 weeks after end of treatment which is a good argument to make efforts to grant access to DAA therapy for most vulnerable patient groups.**

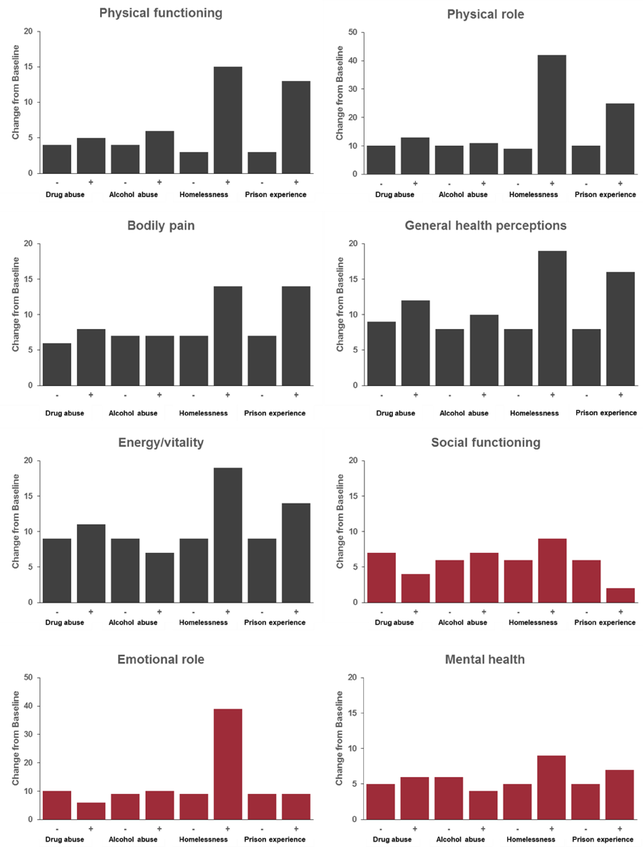

Figure 1. Change in SF-36 scales from baseline to week 12/24 after end of treatment in each subgroup

(**+yes, -no**; changes between baseline and week 12/24 after end of treatment were significant within each subgroup, p<0.05

case numbers: **active drug abuse:** +N=77; -N=1,121; **alcohol abuse:** +N=107; -N=1,091; **former/current homelessness:** +N=18; -N=1,180; **prison experience:** +N=25; -N=1,173.

Data were derived from the **German Hepatitis C-Registry** (Deutsches Hepatitis C-Register), a project of the German Liver Foundation (Deutsche Leberstiftung), managed by Leberstiftungs-GmbH Deutschland in cooperation with the Association of German gastroenterologists in private practice (bng).

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DISCLOSURES

Details of individual authors`disclosures can be found in the abstract book.

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