9:10-9:25

The Belgian experience in treatment of PWUD with the new standard of care in genotype 1 infected patients: an interim analysis

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Background: In HCV genotype (GT) 1 infected patients direct acting agents in combination with pegylated interferon and ribavirin are the standard of care. There remains some doubt if this new standard of care is also applicable in HCV infected persons who used drugs (PWUD).

Aim: To compare compliance and viral outcome in GT1 infected PWUD treated with boceprevir and telaprevir in Belgium vs Persons Who Used no Drugs.

Methods: We studied treatment completion and early (EVR) and sustained (SVR) viral response in a retrospective treatment cohort study in GT1 HCV infected PWUD treated with telaprevir or boceprevir in combination with pegylated interferon and ribavirin in 11 hepatology centres. Not all of the centres were part of a multidisciplinary centre organized for treatment of substance users.

Results: Up to now data on antiviral treatment were collected in 85 HCV infected patients: 60 infected after substance use (13 actively using substances during antiviral treatment (heroin, cocaine, cannabis), 25 actively using benzodiazepines, 22 in a substitution maintenance program, 25 former substance users) and 25 not infected after substance use (controls). Patients infected after substance use were significantly younger at start of treatment ($p = 0.002$) and significantly more infected by GT 1a HCV ($p = 0.0003$) versus controls. Gender, race, BMI, viral load, liver fibrosis in liver biopsy, rate of treatment with boceprevir and telaprevir, were not statistically different. Treatment completion, reasons for stopping treatment (side effects, non compliance) and EVR did not differ between the two groups ($p = 0.49$, 0.82, 0.94 resp.). Active use of substances or benzodiazepines during treatment did not significantly influence EVR ($p = 0.18$ and $p = 0.84$ resp.) and SVR ($n = 11$, $p = 0.79$ and $n = 18$, $p = 0.87$ resp.).

Conclusion: At this moment there are no arguments to exclude HCV infected PWUD from treatment with direct acting agents.

9:25-9:40

Triple Therapy of Chronic Hepatitis C in Opiate Addicts – First Results from 2 Centers in Germany

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Background: Experience with challenging triple combination of telaprevir (TVR) or boceprevir (BOC) together with PegIFN and RBV in opiate addicts on stable opioid maintenance therapy (OMT) is limited.

Methods: Out of a prospective cohort of 142 chronic HCV Genotyp 1 infected patients who started triple combination therapy with TVR or BOC and PegIFN plus RBV from July 2011 on, data of 117 patients, who reached at least week 12 of therapy until April 2013 is reported. Patients were divided up in three groups. Opiate addicts on OMT $n = 43$, former intravenous drug users (IVDU) $n = 33$ and patients with other route of infection (Others) $n = 66$. Usual baseline characteristics were documented and data of response and side effects collected during and after HCV therapy. Treatment response was defined as HCV-PCR < 15 IU/ml at a certain time point. Week four response data was defined as being 4 weeks on triple combination treatment.

Results: Mean age was 47 to 50 years in all three Groups. 54,5% of patients in the OMT, 56,7% in the IVDU group and 25,9% of the group of Others were treatment naive. Genotype 1 a was found predominately in the OMT group, 69,8% versus 48% in the IVDU and 39,4% in the group of Others. Most patients were treated with TVR as part of regimen, 74,4% in the OMT, 66,7% in the IVDU and 69,6% in the Other group. At week 12 93,9 % in the OMT group, 93,3% in the IVDU and 81,5% in the group of others had a HCV-PCR < 15 IU/ml, defined as treatment response.

Conclusion: First experience with triple combination therapy of opiate addicts on OMT from 2 centers in Germany shows no difference in response rates in comparison to non-IVDU in the first 12 weeks of treatment.