

How Much DAA Treatment is Enough? Outcomes From a Large Case Series of HCV Treatment Interruptions

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Background & Objective

- Simplified therapy with direct-acting antivirals (DAAs) has greatly expanded low-barrier hepatitis C virus (HCV) care including primary care-based treatment.
- Despite short treatment duration, treatment interruptions are common and there is a paucity of data to guide clinical management.^{1,2,3,4}
- The National Clinician Consultation Center (NCCC) reviewed cases of HCV treatment interruption received on its national Hepatitis C Warmline and describes clinical outcomes after treatment interruption.

Methods

- NCCC is a federally funded education and capacity-building resource that provides free, telephone-based consultation to any U.S. healthcare provider seeking guidance on HCV prevention, diagnosis, and treatment.
- Deidentified case information is provided by callers and documented within NCCC's secure consultation database, along with consultant recommendations.
- Calls involving HCV treatment interruptions received between September 1, 2022, to August 31, 2023, were retrospectively identified and reviewed for clinical information including genotype, fibrosis score, prior DAA treatment experience, number/timing of missed doses, DAA interruption management, care setting, NCCC consultant recommendations, and SVR12 outcomes.

Table 1: Characteristics of patients with one round of DAA treatment with SVR data

Characteristics	Treatment naïve, SVR12 available (n=21)	Timing of Treatment Interruption Day 1-28 (n=3)	Timing of Treatment Interruption After Day 28 (n=18)
Genotype 1	11	3	8
2	1	0	1
3	4	0	4
Other/unknown	5	0	5
Fibrosis score F1-F3	17	3	14
F4	2	0	2
Unknown	2	0	2
DAA regimen G/P	15	2	13
SOF/VEL	4	1	3
Other	2	0	2
% doses missed* Median	31%	25%	37.5%
Range	9-67%	12-30%	9-67%
Achieved SVR12	19/21 (93%)	3/3 (100%)	16/18 (89%)

*When known. Late = missed dose

In this case series of 61 patients with HCV treatment interruption from mostly primary care health settings, of available outcome data, we found that SVR rates were high (90%) despite a wide range of missed doses of DAA therapy.

Table 2: Characteristics of patients with multiple rounds of DAA treatment with SVR data

Patient Age/Gender	Genotype	Fibrosis Staging	DAA Treatment Description	% Missed Doses	Reasons for Treatment Interruption	SVR Achieved?
54 trans-female	1a	F1	• 1 st round - G/P in 7/2022 • 2 nd round - SOF/VEL in 3/2023*	• 81% missed first round • Had some gaps, unknown quantity	• Relapse w/ meth use • Mental health struggle	Yes
36 cis-male	1a	No cirrhosis	• 1 st round - SOF/VEL in 4/2021 • 2 nd round - G/P 3/22*	• 58% missed first round • 12.5% missed 2 nd round	• Relapse w/ meth use • Relapse w/ opioid use	Yes
52 cis-male	1a	F4	• 1 st round - G/P in 2019 • 2 nd round - SOF/VEL/VOX in 2/2023	• 50% missed first round • Unknown missed 2 nd round	• Alcohol use	Yes
37 cis-male	1a	F4	• 1 st round - G/P in 2020 • 2 nd round - SOF/VEL in 11/2022*	• 87.5% missed first round • 15.4% missed 2 nd round	• Unknown • Incarceration	Yes
48 cis-female	3	F0	• 1 st round - SOF/VEL in 2021 • 2 nd round - SOF/VEL/VOX in 9/2022	• 66% missed first round • Unknown missed 2 nd round	• Alcohol use/GI said stop taking due to Alcohol	Yes
31 cis-male	1a	F0/F1	• 1 st round - SOF/VEL in 7/2021 • 2 nd round - SOF/VEL/VOX in 3/2022*	• 66% missed first round • 66% missed second round	• Relapse w/ meth use • Relapse w/ opioid use • Unhoused	Yes
54 cis-male	1a	F3	• 1 st round - Unknown DAA 2010 • 2 nd round - G/P in 2018 • 3 rd round - G/P 2/2023*	• Unknown missed first round • 75% missed second round • 0% missed third round	• Traveling for job • Alcohol use	Yes
48 cis-male	3	No cirrhosis	• First round - SOF/VEL in 2022 - took 4 weeks • Second round - SOF/VEL in 6/2023*	• 66% missed first round • Unknown % - provider thinks completed 12 weeks	• Stomach upset • None reported	No

* Did not match with treatment interruption recommendations published by American Association for the Study of Liver Diseases at that time.

Results

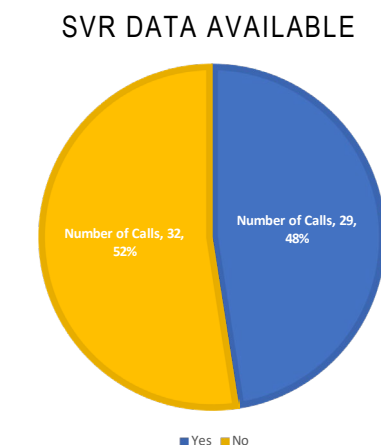
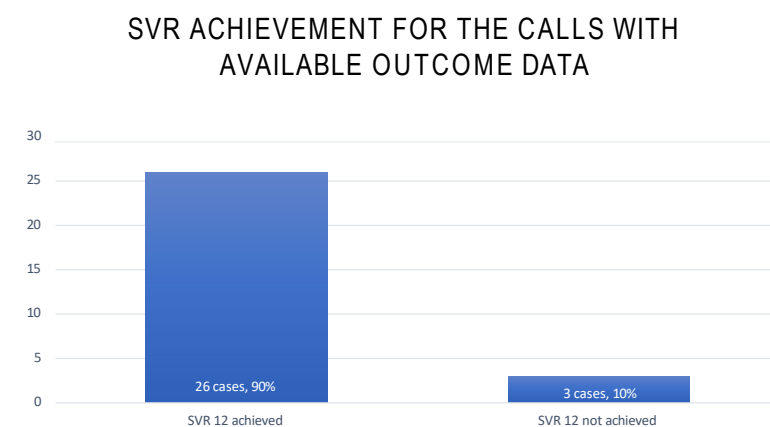
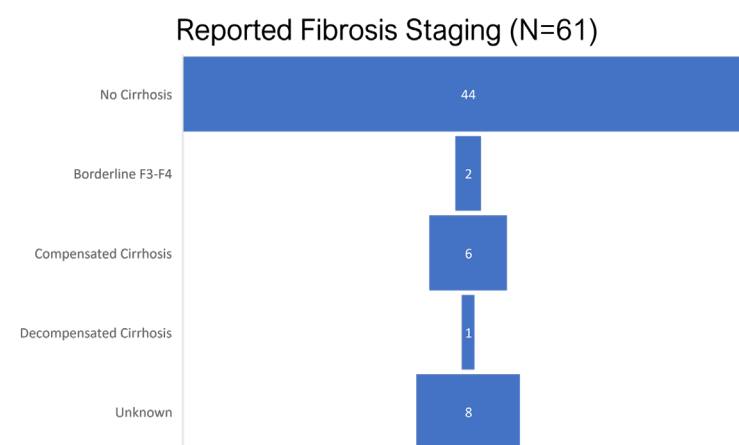
- During the review period, 61 out of 541 calls (11%) to NCCC's Hepatitis C Warmline involved cases of DAA treatment interruption.
- Patient age ranged from 20-76 with a median age of 47.
- 82% of the calls were from an outpatient community-based setting and 11% were from providers serving communities in Indian Country.

Conclusions

- This series of over 60 HCV treatment interruption cases provides additional "real world" data including SVR12 outcomes.
- Despite a wide range of missed doses, with many cases treated through primary care clinics and other low-barrier settings, 90% with available follow-up data achieved cure.
- Of eight cases undergoing retreatment, 88% were able to achieve SVR. First line DAA's were "recycled" in 5/8 of these patients.
- Of 32 patients with missing follow-up information regarding SVR12 outcomes, the majority (72%) was due to patient loss to follow-up—this highlights the importance of early identification of those at risk for, and interventions to prevent, loss to follow-up.
- For cases with available follow-up and SVR12 information, our results affirm SVR12 occurs even with "imperfect" DAA adherence.
- Limitations of our study: information relied on provider review and recall, which may have impacted data accuracy and completeness.
- More research on the role of "recycling" first-line DAAs is needed, as well as additional information on optimal management of HCV treatment interruptions.

23/32 patients: had no SVR data due to patient being lost to follow up
9/32 patients: NCCC unable to reach provider to confirm follow up information

- Reasons for patient loss to follow-up
- Incarceration
 - Pharmacy delivery issues
 - Side effects
 - Unstable housing
 - Unstable mental health
 - Substance use



Scan for more information



Hepatitis C Warmline

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HCV testing,
staging, monitoring,
and treatment