HCV late presentation

(severe fibrosis/cirrhosis at first HCV therapy or first HCV diagnosis)

in the Swiss Association for the Medical Management in Substance Users (SAMMSU) cohort since 2017

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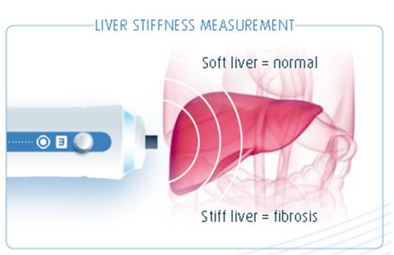
BACKGROUND

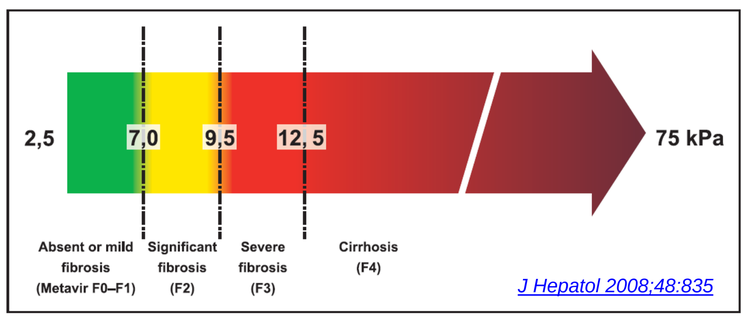
- In Switzerland, direct-acting antivirals (DAAs) are reimbursed without liver fibrosis restriction since 2017.
- We determined the prevalence of HCV late presentation in times of unrestricted DAA access.

METHODS

- The SAMMSU-cohort is an open cohort with yearly follow-up, enrolling >18-year-old patients with current/previous opioid agonist therapy (OAT) in eight different centers throughout Switzerland since 2014.
- By 02/01/2024, 1,390 patients have been enrolled (76% male, median age: 44y, 75% ever intravenous drug use, 61% HCV- and 10% HIV-antibody-positive).
- HCV late presentation (LP) was defined as F3/F4-fibrosis (Fibroscan® >9.5kPa) at first HCV therapy and first HCV diagnosis, respectively.

Liver fibrosis assessment with Fibroscan® (transient elastography)

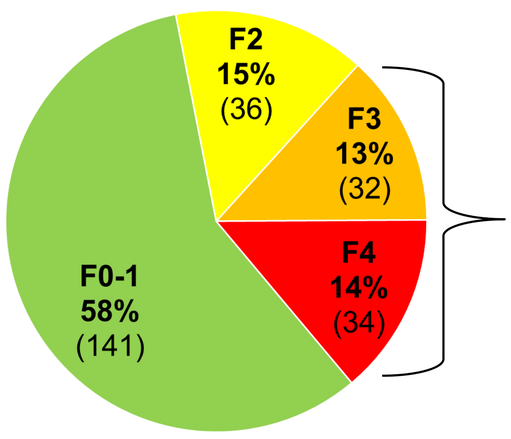




RESULTS – Late presentation at first HCV therapy

- For 90.3% (243/269) first HCV therapies since 2017, Fibroscan® was available prior to treatment: 58.0% had no/mild fibrosis (F0/F1), 14.8% significant fibrosis (F2), 13.2% severe fibrosis (F3) and 14.0% cirrhosis (F4) [LP: 27.2% (66/243)].

Liver fibrosis stage (Fibroscan®) at first HCV therapy (2017 onwards)



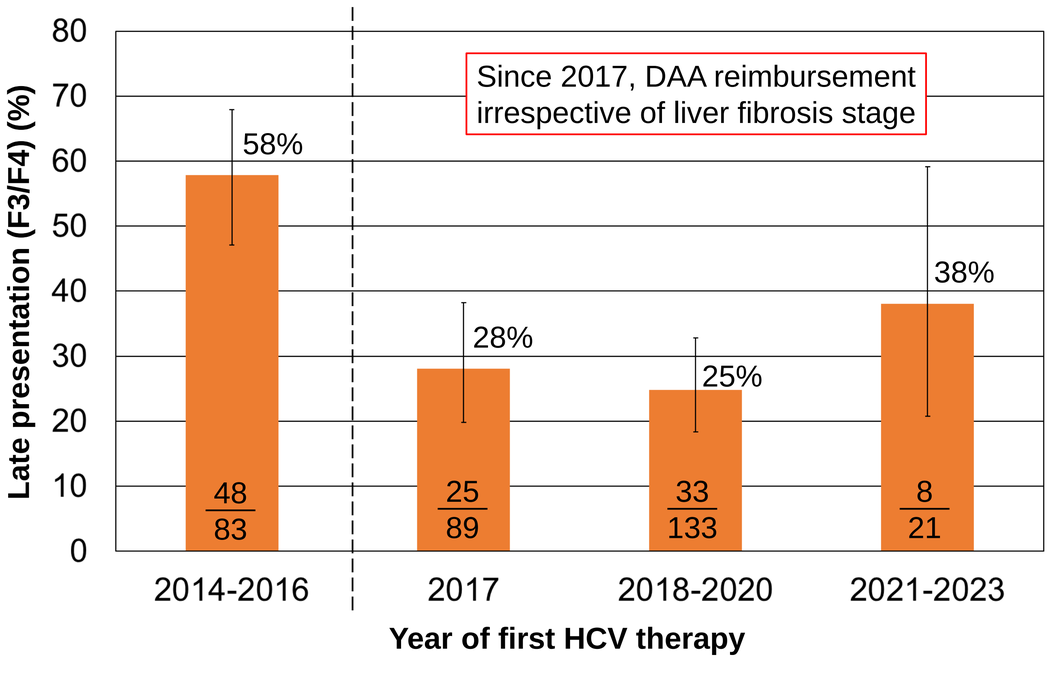
243 first HCV therapies since 2017 with Fibroscan® available prior to treatment

Late presentation (F3/F4): 27% (66/243) (95% CI: 22.0-33.1%)

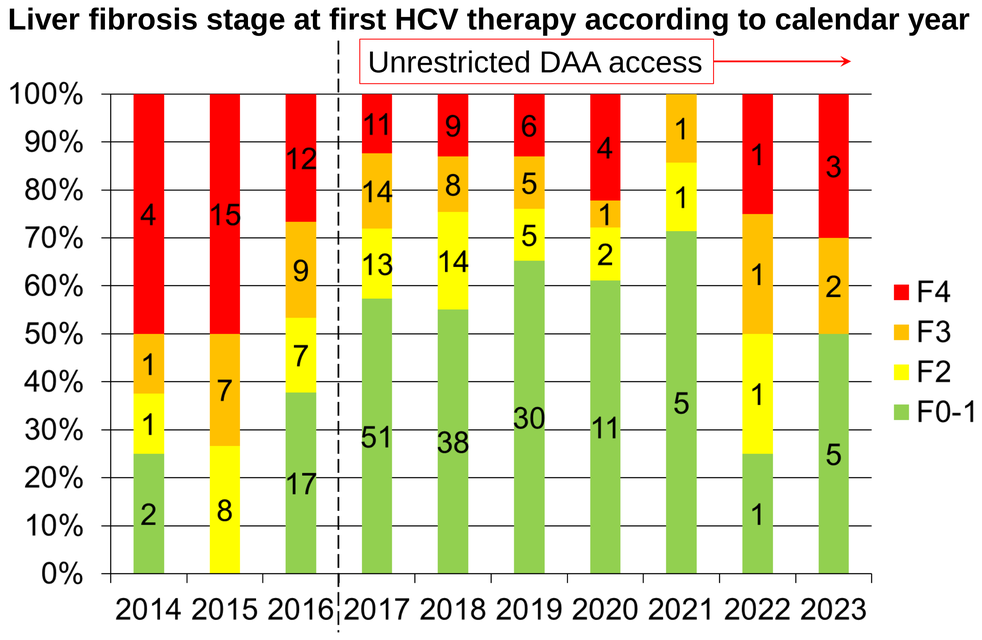
F0-1: ≤7.0kPa; **F2:** >7.0kPa & ≤9.5kPa; **F3:** >9.5kPa & ≤12.5kPa; **F4:** >12.5kPa

- LP prevalence was 57.8% (48/83) in 2014-2016, 28.1% (25/89) in 2017, 24.8% (33/133) in 2018-2020 and 38.1% (8/21) in 2021-2023.

Proportion with late presentation at first HCV therapy (before and after 2017)



Liver fibrosis stage at first HCV therapy according to calendar year



F0-1: ≤7.0kPa; **F2:** >7.0kPa & ≤9.5kPa; **F3:** >9.5kPa & ≤12.5kPa; **F4:** >12.5kPa

- **Risk factors** for LP were **male sex** (OR 1.9, p=0.078) and **alcohol** (≥49g/d) (OR 3.2, p<0.001), whereas diagnosis of **schizophrenia** was **negatively associated** (OR 0.4, p=0.015).
- Comparing LP versus non-LP at first HCV therapy, median age was 47.1 versus 45.9 years (p=0.250), median time since HCV diagnosis 12.5 versus 11 years (p=0.472) and median time since first intravenous drug use (IDU) 28 versus 25 years (p=0.357).

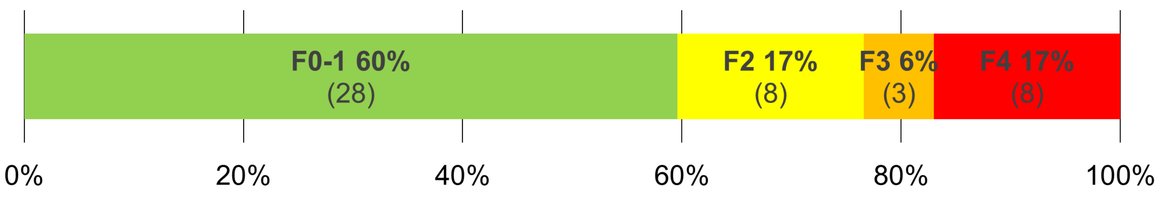
Patient characteristics (Late Presentation (LP) versus non-LP) (n=243)

	LP (n=66)	Non-LP (n=177)	p	OR (95% CI)
Male (%)	81.8% (54/66)	70.6% (125/177)	0.078	1.9 (0.9-3.8)
Median age (y) at HCV therapy (IQR)	47.1 (39.7-52)	45.9 (37.8-50.5)	0.250	
HIV-antibody-positive	16.7% (11)	14.1% (25)	0.620	1.2 (0.6-2.6)
Alcohol ≥49 g/d	28.8% (19)	11.3% (20)	0.001	3.2 (1.6-6.4)
Obese (BMI>30kg/m²)	24.2% (16)	18.6% (33)	0.333	1.4 (0.7-2.8)
Schizophrenia	10.6% (7)	24.9% (44)	0.015	0.4 (0.2-0.8)
Affective disorder	51.5% (34)	45.8% (81)	0.424	1.3 (0.7-2.2)
Median time (y) since HCV diagnosis (IQR)	12.5 (5-19) (n=66)	11 (4-18) (n=172)	0.472	
Median time (y) since first IDU	28 (16-34) (n=54)	25 (15-30) (n=156)	0.357	

RESULTS – Late presentation at first HCV diagnosis

- There were **78 HCV first diagnoses since 2017**: 69.2% (54) male; median age at HCV diagnosis: 39 years (IQR: 33-47); median time since first IDU: 16 years (IQR: 5-26; n=63); 88.5% diagnosed at/before enrolment; for 70.5%, no pretest recorded; 37.9% (22/58) diagnosed with a rapid test.
- 27.4% (20/73) cleared spontaneously, while 72.6% (53) developed chronic infection (5 unclear/unknown).
- Treatment-uptake was 86.8% (46/53), mostly within one year.
- Of the 88.7% (47/53) **chronically infected individuals with Fibroscan®** available, **23.4%** (11/47) **already** had **F3/F4-fibrosis**.

Liver fibrosis stage (Fibroscan®) at first HCV diagnosis (2017 onwards)



For 47 chronically infected individuals with first HCV diagnosis since 2017, Fibroscan® was available.

CONCLUSIONS

- In times of unrestricted DAA access, late diagnosis and late treatment of chronic hepatitis C are still common (one in four), suggesting insufficient care.
- But, once diagnosed or relinked to care, patients are promptly treated.

ACKNOWLEDGEMENT/SPONSORING

- SAMMSU has been financed by Infodrog (on behalf of Swiss Federal Office of Public Health), Pharma industries (Abbvie, BMS, Gilead, Lipomed, Merck, Roche, ViiV), SSAM (Swiss Society for Addiction Medicine), SEVHep (Swiss Experts in Viral Hepatitis), Inselspital Bern, Kantonsspital St. Gallen, Kantonsspital Aarau, Arud Zentrum für Suchtmedizin, Zfs Zentrum für Suchtmedizin Basel, Universitätsspital Zürich.

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