LOSS TO FOLLOW UP DOES NOT IMPACT SVR

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Submission ID: 909613

BACKGROUND

- WHO ENDHEP2030 goals for hepatitis C include reduction of infections by 90% and reduction of deaths by 65%
- Advances in HCV treatment using DAAs can lead to SVR in almost all treated subjects.
- Generic DAAs have become more readily available and have encouraged potential for increased treatment access.
- Recent elimination projects aimed at HCV treatment have failed to meet SVR standards due to lack of follow up from patients post-treatment.

AIM

- Determine SVR among patients who follow up on time compared to those who do not.

METHODOLOGY

- 226 hepatitis C positive patients who received a DAA regimen for 12 weeks were studied.
- "On time" follow up designation
  - No delay → Attended follow up at week 12 (within a month)
  - Delay → Attended follow up after 16 weeks post-treatment.

Statistical Analysis

- Baseline demographic parameters between two groups were compared by Student's *t* test. The chi square test was used to determine differences between SVR among the two groups.

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None of the authors have any COI

RESULTS

Participant Demographics (n,%)		
Total	220	
Female	120 (54.5)	
Male	100 (45.5)	
Mean Age	55 ± 11.95	
Fibrosis Score (n, %)		
	Regular (n = 131)	Delay (n = 89)
Not Available	7 (5.3)	34 (38.2)
0-1	106 (80.9)	1 (1.1)
2	5 (3.8)	12 (13.5)
3	4 (3.1)	11 (12.4)*
4+	9 (6.9)	31 (34.8)
Comorbidities (n, %)		
	Regular (n = 131)	Delay (n = 89)
Diabetes	108 (82.4)	67 (75.3)
Hypertension	88 (67.2)	48 (53.9)
Thyroid Disorder	112 (85.5)	80 (89.9)
Dyslipidemia	127 (96.9)	83 (93.3)
CKD	119 (90.8)	78 (87.6)

Treatment Experienced		
	Regular (n = 131)	Delay (n = 89)
	M (SD)	M (SD)
Age	54.89 (11.95)	54.14 (12.78)
Baseline HCV RNA (log)	6.493 (6.843)	6.743 (7.21)
Baseline ALT	68.98 (48.17)	68.7 (59.4)
SVR (%)	97.1%	97.8%

Table 1. Participant demographics, of all study participants. *ICKD: chronic kidney disease, ALT: alanine transaminase. None of the demographics were statistically different between the two groups (p>0.05)*
**except for cirrhosis which was higher among the delayed group.*

131 subjects were evaluated for SVR at 12 weeks after completion of DAA therapy. 89 patients did not complete SVR12 within the window and were tracked for repeat visit to confirm SVR

6 patients were completely lost to follow up and are not included in the analysis.

FINDINGS

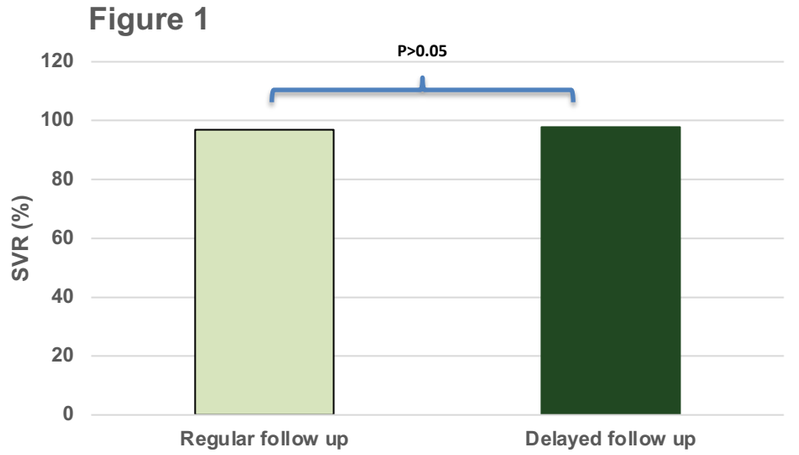

Figure 1: SVR of patients who completed regular follow up was 97.1% and for those who did not have regular follow up was 97.8%.

- All patients tolerated DAA therapy without any serious adverse events
- No specific reason was obtained for lack of follow up
- Most people with delayed follow up recognized lack of awareness of a "test of cure"
- SVR for patients with good follow up (regular group) was 97.1%
- SVR for patients with poor follow up (delay group) was 97.8%
- The two values are not statistically different (p>0.05)

CONCLUSIONS

- Lack of follow up after completion of treatment using DAAs is associated with identical SVR when compared to those with adequate follow up
- This suggests lack of follow up after completing treatment should have minimal effects on HCV elimination projects.
- For future reference, HCV elimination projects do not need to focus on determination of SVR post-treatment as long as ***on treatment follow up*** is ensured.