





JAMH Hepatitis ECHO session #2 07/02 quick evidence update

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Q: In Hepatitis C, how effective are shorter cases of DAAs?

- Most periods of non-adherence are short, 61% 1-2 days ¹
- Short periods of non-adherence not associated with treatment failure ²
- 2018 study (n=100) Sustained Virological Resolution (SVR12) similar between mild non-adherence (80-90% DAAs) and full adherence ~ 94%¹
- Longer periods are riskier, 2021 study (n=365)
- Found that SVR12 for those with <8 weeks DAAs versus those with >8 weeks DAAs was 83% versus 95%
- Those with < 4 weeks DAAs was \sim 50% ³

(Some nuances)



Led to 2023 update, American Association for Study of Liver Disease Guidelines, Hepatitis C treatment

Interruptions <u>Before</u> Receiving 28 Days of DAA Therapy

Missed ≤7 Days

 Restart DAA therapy immediately. Complete therapy for originally planned duration (8 or 12 weeks).

Missed ≥8 Days

 Restart DAA therapy immediately. Restarting DAA takes precedence over obtaining HCV RNA level.

- Obtain HCV RNA test as soon as possible, preferably the same day as restarting the DAA therapy.
- If HCV RNA is negative (undetectable), complete originally, planned DAA treatment course (8 or 12 weeks; total planned dosage^a). Recommend extending DAA treatment for an additional 4 weeks for patients with genotype 3 infection and/or compensated cirrhosis.
- If HCV RNA is positive (>25 IU/L) or not obtained, extend DAA treatment for an additional 4 weeks.

Interruptions <u>After</u> Receiving ≥28 Days of DAA Therapy

Missed ≤7 Days

 Restart DAA therapy immediately. Complete DAA therapy for originally planned duration (8 or 12 weeks).

Missed 8–20 Consecutive Days

 Restart DAA therapy immediately. Restarting DAA takes precedence over obtaining HCV RNA level.

- Obtain HCV RNA test as soon as possible, preferably the same day as restarting the DAA therapy.
- If HCV RNA is negative (undetectable), complete originally planned course (8 or 12 weeks; total planned dosage^a).
 Recommend extending DAA treatment for an additional 4 weeks if patient has genotype 3 infection and/or compensated cirrhosis.
- If HCV RNA is positive (>25 IU/L) or not obtained, stop treatment and retreat according to recommendations in the Retreatment Section.

Missed ≥21 Consecutive Days

 Stop DAA treatment and assess for SVR12. If SVR12 not achieved, retreat according to recommendations in the Retreatment Section.





References

- 1) Cunningham et al 2018. Adherence to sofosbuvir and velpatasvir among people with chronic HCV infection and recent injection drug use: The SIMPLIFY Study. International Journal of Drug Policy. <u>https://pubmed.ncbi.nlm.nih.gov/30352330/</u>
- 2) Bhattacharya et al 2023. Hepatitis C Guidance 2023 Update: American Association for the Study of Liver Diseases Infectious Diseases Society of America Recommendations for Testing, Managing and Treating Hepatitis C Virus Infection. Clinical Infectious Diseases. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad319/7179952?login=false
- 3) Fabbiani et al 2021. High rates of sustained virological response despite premature discontinuation of directly acting antivirals in HCV-infected patients treated in a real-life setting. Journal of Viral Hepatology. <u>https://pubmed.ncbi.nlm.nih.gov/33306247/</u>



