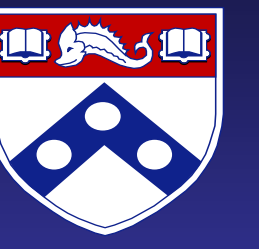


Elimination of Hepatitis C Virus in HIV-Coinfected Patients in a Viral Hepatitis Center: A Multi-Disciplinary Approach

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Penn
Medicine

Background

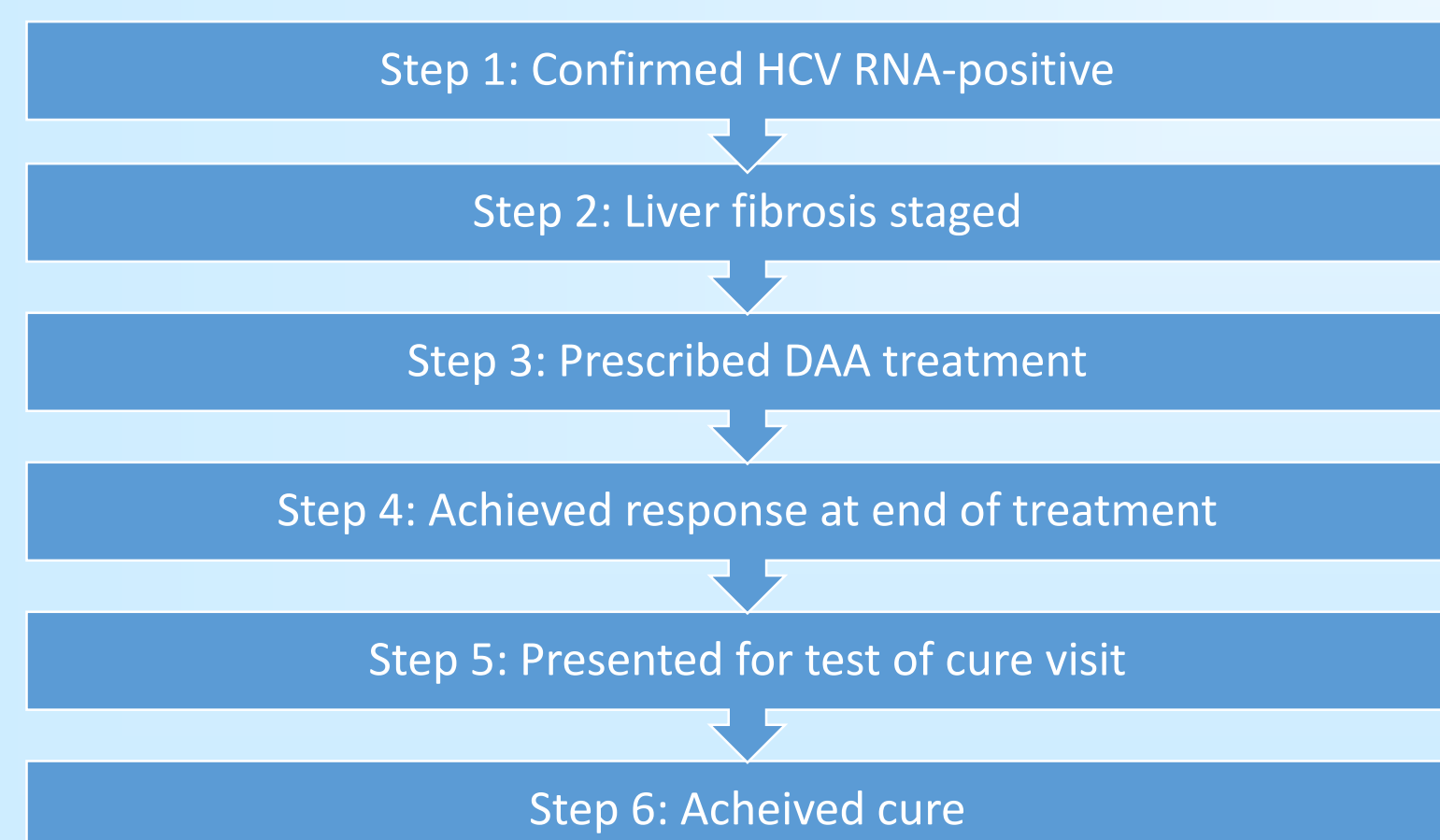
- Approximately 1.1 million persons living with HIV in the United States and of those approximately 25% are co-infected with Hepatitis C Virus (HCV)
- Risk of liver fibrosis/cirrhosis increased in HIV-HCV co-infected individuals as compared to HCV mono-infected individuals
- All oral Direct Acting Antivirals (DAA) regimens available have >95% cure rate
- Mortality significantly decreased among HIV/HCV who achieve HCV cure

Purpose

- Quantify number of HIV/HCV patients who are medically evaluated, undergo liver fibrosis staging and are prescribed HCV DAA therapy

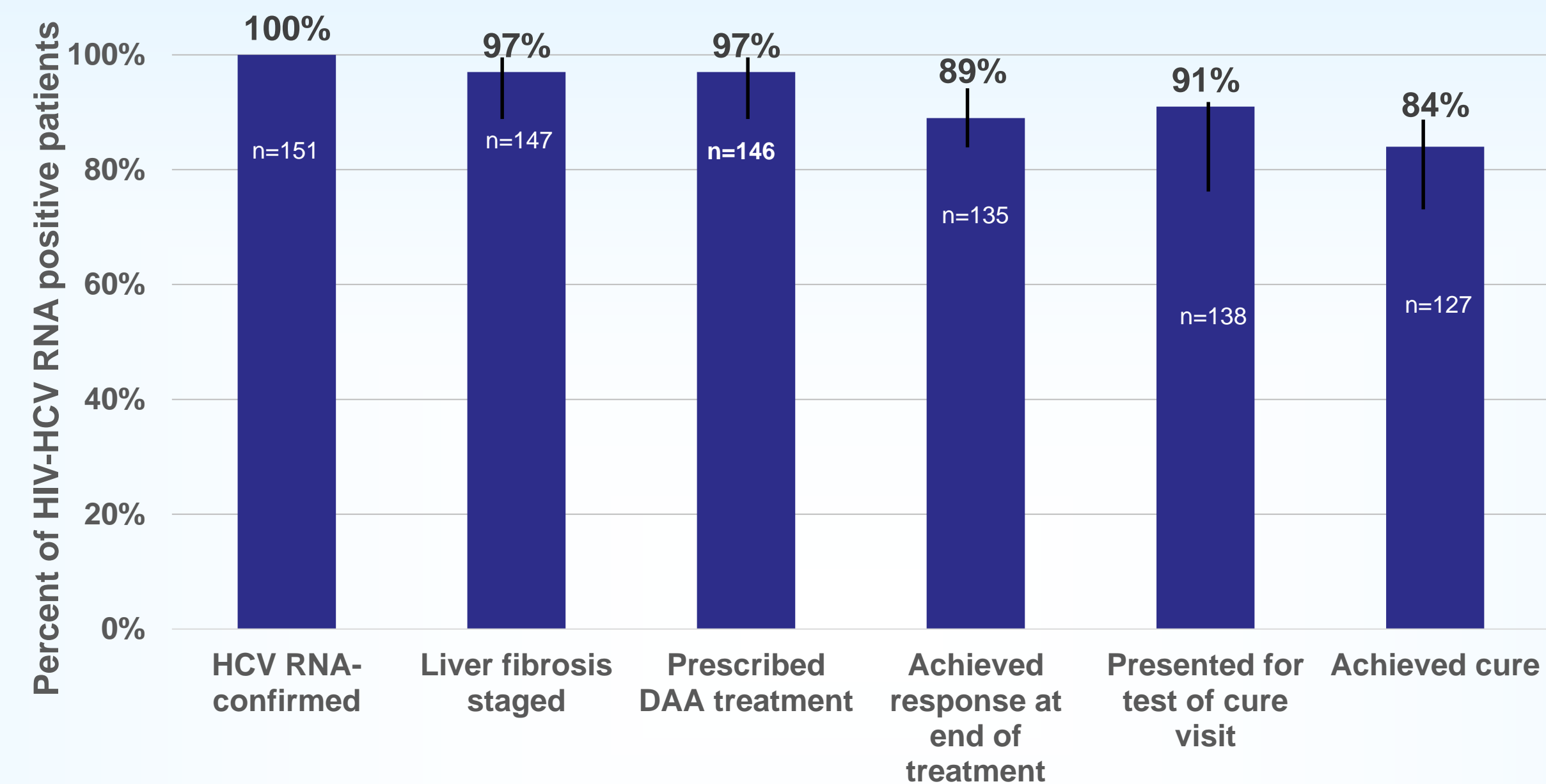
Methods

- Determine number of HIV/HCV RNA-confirmed patients who presented to Penn Presbyterian Medical Center (PPMC) Infectious Diseases clinic January 1, 2014 - December 31, 2018



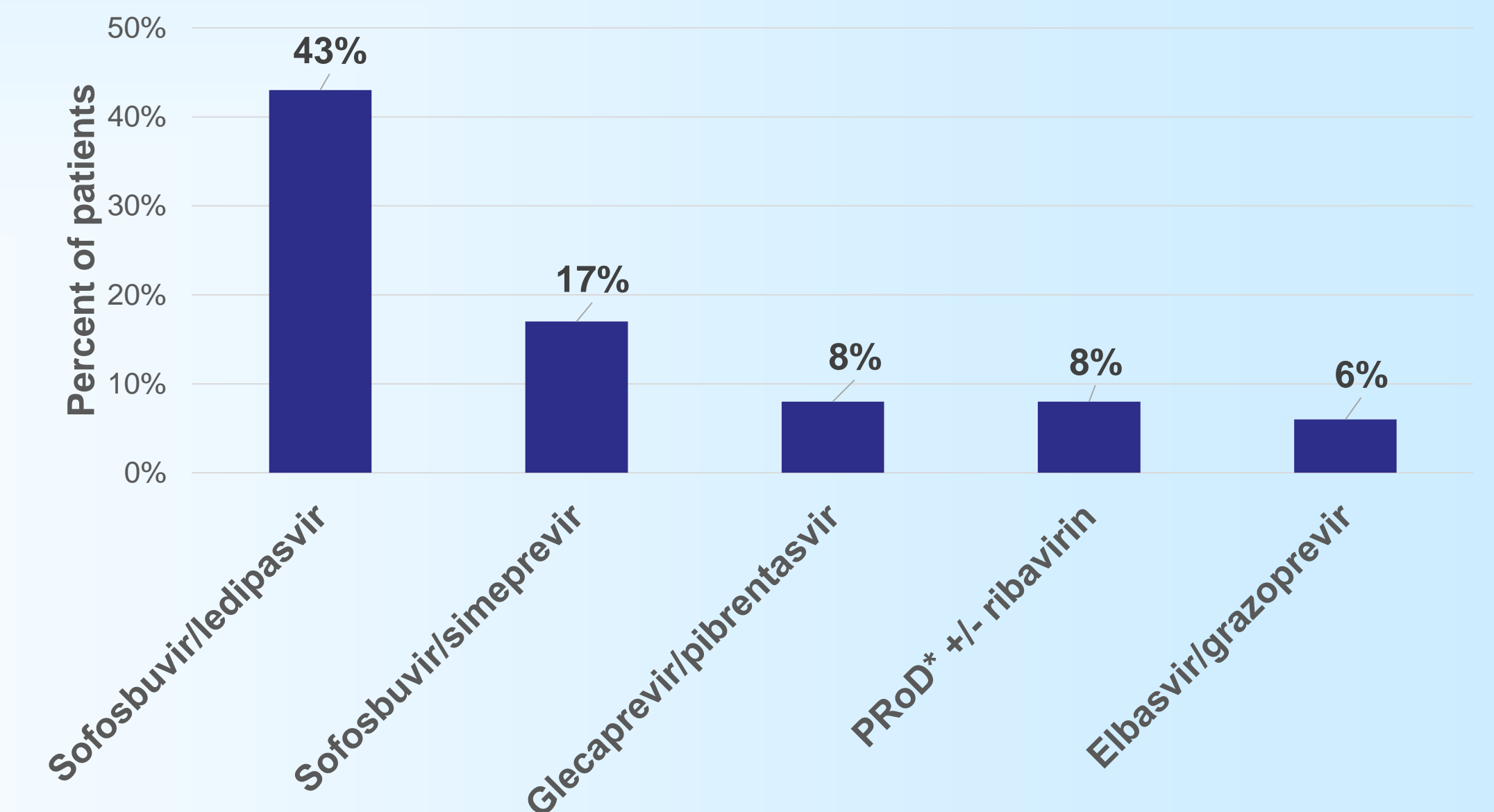
Results

HCV Continuum of Care



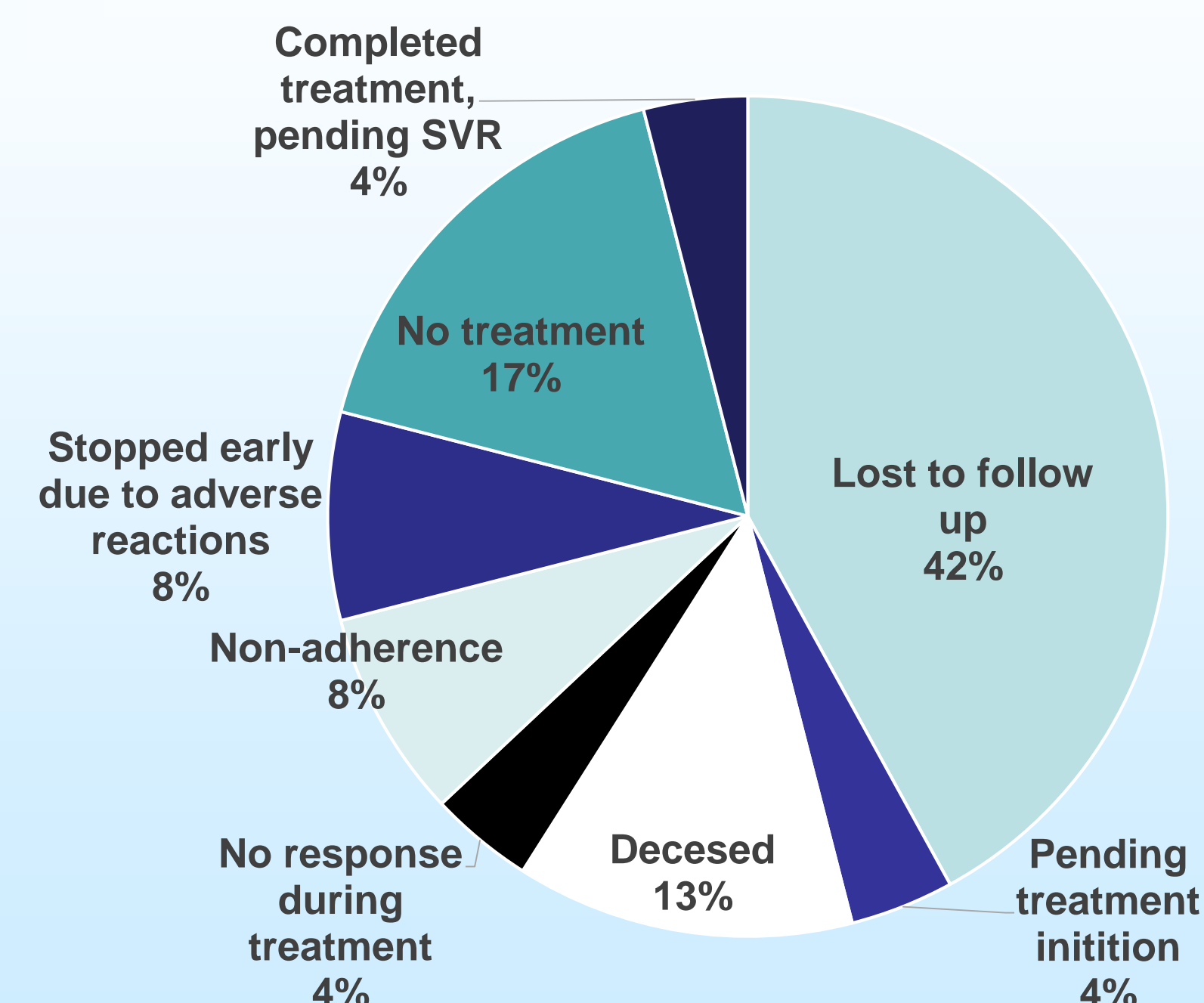
Results

Top 5 Medications Prescribed



*PRoD=Paritaprevir/Ritonavir/Ombitasvir with Dasabuvir

Outcomes of Patients whom Did Not Achieve Cure (n=24)



Conclusions

- Multi-disciplinary care is essential to engage patients throughout the HCV continuum of care
- Demonstrates feasibility of achieving HCV cure in HIV/HCV co-infected patients in a “real-world” setting
- Loss to follow-up remains a barrier to cure and monitoring for liver complications
- Further work incorporating care coordinators may further improve retention, cure, and ultimate HCV elimination

Disclosure:

Joanne Gilmore: Speakers bureau: Abbvie, Gilead and Merck. Task force on HCV elimination for Abbvie.
All other authors have no conflicts of interests or financial relationships to disclose related to this presentation.