Adherence to cirrhosis care after hepatitis C sustained virologic response (SVR) in Veterans living with and without HIV

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INTRODUCTION

- Hepatitis C virus (HCV) infection can lead to cirrhosis, which increases the risk of hepatocellular carcinoma (HCC)
- The risk of HCC persists even after HCV cure (SVR)
- HCC surveillance in people with cirrhosis is a critical part of the HCV care continuum
- The Veterans Health Administration (VHA), the largest healthcare system in the U.S., is a national leader in HCV treatment, but factors affecting adherence to post-SVR HCC surveillance are unknown

AIM

- Determine factors affecting adherence to post-SVR HCC surveillance
- Assess adherence to cirrhosis care after hepatitis C sustained virologic response (SVR) in Veterans living with and without HIV

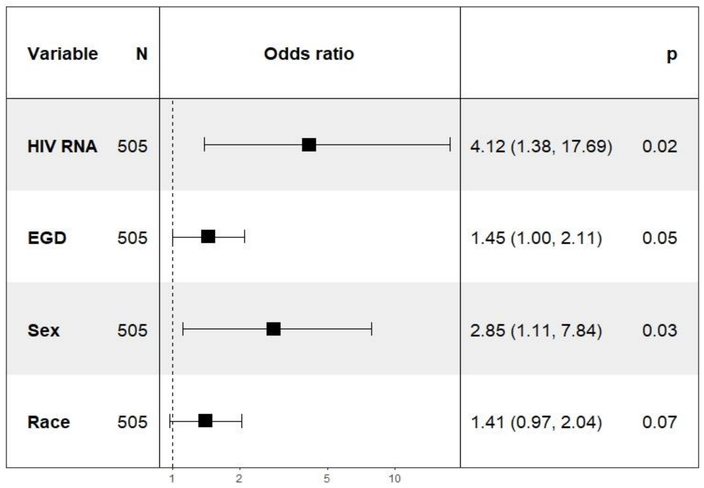
METHOD

- Retrospective chart review of Veterans at the VA Maryland Healthcare System ≥18 years of age with a history of chronic HCV, cirrhosis, and treatment with direct-acting antivirals between 2015 and 2019
- Demographics, lab work, and co-morbidities were collected
- Adherence was defined as completion of HCC surveillance imaging (ultrasound, CT or MR) every 6 months, esophagogastroduodenoscopy (EGD) if platelets were <150,000 mcL, and/or infectious disease or gastroenterology/hepatology clinic encounter within 6 months of October 2020 (date of data collection)
- Factors associated with HIV RNA were examined using Chi square or Fisher's exact test
- A multivariable logistic model was used to identify factors that were significantly associated with cirrhosis clinic adherence

RESULTS

- Of the 650 Veterans included in the initial data pull, 398 Veterans achieved SVR and met criteria for adherence assessments.
- Demographics shown (Table 1).
- Factors associated with cirrhosis clinic adherence were detectable HIV RNA, having had an EGD, and male sex (Fig 1).

Characteristics	N=398
Age, Mean years± SD	66.9±8.2
Sex, n (%)	
Male	385 (96.7%)
Female	13 (3.3%)
Race, n (%)	
Black/African American	138 (34.7%)
White	245 (61.6%)
HIV, n (%)	**43 (10.8%)**
Viremic (detectable viral load)	13 (3.3%)
Medications	
Beta Blocker, n (%)	129 (32.4%)
Laboratory values	
Platelets, Median (Q1, Q3)	184 (138, 231.3)
AST, Median (Q1, Q3)	20 (14, 32)
ALT, Median (Q1, Q3)	24 (18, 36)
AFP Score, Median (Q1, Q3)	3.8 (2.6, 5.5)



CONCLUSIONS

- Our real-world findings show that people with HIV (PWH) are more likely to successfully complete HCV treatment and engage in post-SVR cirrhosis care, differing from existing literature
- Our findings further suggest that engagement in post-SVR cirrhosis follow-up provides an ongoing opportunity to support HIV treatment adherence, access, and retention in care
- This is of high public health importance as PWH are at increased risk for HCV complications, including hepatic fibrosis, progression to liver failure, and liver-related mortality
- In an integrated care model like the VHA, collocating post-SVR cirrhosis care with long-term HIV management may significantly reduce the morbidity and mortality associated with uncontrolled HIV and cirrhosis in PWH

ACKNOWLEDGEMENTS

This material is the result of work supported by resources from the VA Maryland Health Care System (VAMHCS). The views expressed in this poster are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs.

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