HEPATITIS C TREATMENT OUTCOMES IN FIRST NATIONS CANADIANS

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PLAIN Language Statement

HEPATITIS C TREATMENT OUTCOMES IN FIRST NATIONS CANADIANS
Hepatitis C (HCV) infection rates are higher in First Nations (FN) Canadians compared to the general population.

FN face barriers to care and treatment.
Plain Language Statement

- The Ottawa Hospital and Regional Hepatitis Program attempts to engage this vulnerable population in care and treatment utilizing a multidisciplinary model of care.
- We describe FN treatment outcomes which are similar to non-FN patients.
Background

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FN Canadians are disproportionately infected with HCV owing to higher rates of:
  - injection drug use (IDU)
  - cocaine use
  - tattooing
  - high-risk sex
  - incarceration
Background

Despite a decreased progression to chronic infection reported in some FN populations, HCV-related mortality remains higher than in non-FN cohorts.
Background

- FN remain underrepresented in treatment programs.
- Barriers to HCV treatment include higher rates of diabetes, substance use and concurrent liver disease.
- Few studies have assessed HCV antiviral treatment success rates in FN.
Background

- We compared HCV treatment outcomes, specifically sustained virologic response (SVR) rates, between FN and non-FN patients in our clinic.
- Adverse events experienced by patients on therapy and reasons for prematurely interrupting therapy were evaluated.
Methods

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Methods

- A cohort database analysis was performed.
- Patients followed at The Ottawa Hospital (Ottawa, Canada) Viral Hepatitis Clinic between 2000 and August 2013.
Methods

- We assessed:
  - Demographic data
  - HCV risk factors
  - HCV treatment regimen
  - treatment duration
  - adverse reactions
  - HCV RNA results
Methods

- Baseline characteristics and outcomes were compared between FN and non-FN patients who were HCV RNA+ and started interferon-based HCV antiviral treatment.
Results

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Results

- 21 FN and 696 non-FN HCV-infected patients were included in the analyses.
Results

FN and non-FN patients did not differ in:

- Mean Age (51.1 vs. 52.2 years)
- Sex (66.7% vs. 73.3% male)
- HIV co-infection (9.5% vs. 8.8%)
- HCV viral load at treatment initiation (5.66 vs. 5.87 log units)
- Genotype 1 Infection (38.1% vs. 37.6%)
- Fibrosis Stage (75.0% vs. 85.4% F0-2)
- SVR rate (53.3% vs. 52.9%), ps > 0.10.
Results

- Multivariate logistic regression:
  - FN status was not related to SVR ($p = 0.74$)
  - Lower odds of SVR were predicted by
    - age
    - HCV viral load at treatment initiation
    - HIV co-infection
Results

- FN patients interrupted therapy more often than non-FN due to
  - lost-to-follow-up (26.3% vs. 4.5%)
  - serious adverse events (4.8% vs. 0.6%), p<0.05.
Conclusion

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Conclusion

- FN and non-FN Canadians can achieve similar HCV antiviral treatment outcomes under multidisciplinary care.
- No apparent differences in tolerance or side effect profile.
- Multidisciplinary programs facilitate treatment initiation, completion and success in marginalized populations.
acknowledgements

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